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FOR ACTION

RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR SHORT-DURATION COUNTRY PROGRAMMES IN THE EASTERN AND SOUTHERN AFRICA REGION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes with a duration of three years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Comoros	1 500 000	800 000	1995-1996
Eritrea	1 500 000	4 060 000	1995
Madagascar	4 322 000	7 400 000	1994-1995
Mauritius	750 000	-	1995
Somalia	5 200 000	49 962 000	1994-1995
South Africa	6 000 000	14 400 000	1994-1996
Zambia	3 400 000	3 000 000	1994-1996

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

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I. THE COMOROS

Basic data (1992, unless otherwise stated)

Child population (millions, 0-15 years)	0.3
Under-five mortality rate (per 1,000 live births)	130
Infant mortality rate (per 1,000 live births)	90
Underweight (percentage moderate and severe) (1984)	..
Maternal mortality rate (per 100,000 live births) (1988)	500
Literacy (percentage male/female) (1990)	56/40
Primary school enrolment (percentage net, male/female) (1989)	60/50
Percentage of grade 1 reaching grade 4 (1988)	31
Access to safe water (percentage) (1991)	69
Access to health services (percentage) (1989)	83
Gross national product per capita (1991)	US$ 500
One-year-olds fully immunized against (percentage):	
tuberculosis:	51
diphtheria/pertussis/tetanus:	24
measles:	32
poliomyelitis:	29
Pregnant women immunized against (percentage):	
tetanus:	8

The situation of children and women

1. The archipelago of the Comoros, situated in the Indian Ocean with a population of 490,000 inhabitants, ranks among the least advanced countries in the world. Young people under 15 years of age make up nearly 60 per cent of the population, 75 per cent of which is rural.

2. Since the 1990-1994 country programme was instituted, the socio-economic and political conditions of the country have deteriorated further, making the situation of mothers and children even more precarious. Despite the structural adjustment programme the Government adopted in 1991, the economic and financial crisis persists, manifested by a shortage of public funds, a lack of investment, accumulating arrears in the payment of foreign and domestic debt and real growth of less than 2 per cent in the gross domestic product (GDP), set against a population increase of 3.3 per cent per year. The country is in the midst of financial crisis that is having a tragic social impact. Long delays in paying the wages of workers in the public sector have led to a series of staggered strikes affecting priority social services, particularly education and health, and for several years the opening of the new school year has had to be postponed.

3. The infant mortality rate and the mortality rate of children under five years of age remained very high: 90 and 130, respectively, per 1,000 live

births. Malaria, acute respiratory infections (ARI), anaemia and intestinal parasites are among the primary causes of mortality and morbidity. The frequency of premature births and the high number of newborns with a birth weight of 2.5 kilograms or less are evidence of the precarious state of maternal health. While nearly 70 per cent of women come for prenatal care, only 20 per cent of them give birth in a health facility under medical supervision. Anaemia is common among pregnant women, and the maternal mortality rate is estimated at 500 per 100,000 live births. No thorough study has yet been done on the prevalence of malnutrition in the Comoros, but the Ministry of Health estimates that 42 per cent of children aged 0 to 5 years suffer from some form of malnutrition.

4. School enrolment is 59 per cent among the 7 to 12 age-group, with a significant difference between boys (60 per cent) and girls (50 per cent). School drop-out rates are high (over 50 per cent), particularly for girls, and only 31 per cent of the children enrolled in the first year complete the elementary level. The number of children repeating grades is also very large, and the percentage of qualified teachers is only 32 per cent. Parent-teacher committees, established in some villages, could be an important channel for involving communities in the management and financing of primary schools, but the structure is far from being fully exploited.

5. About 69 per cent of the population has access to a water supply system, but the water supplied by over half of these systems is not safe. Access to sanitation services is still very limited, and there is no clearly defined national policy on water supply and sanitation.

6. A number of studies at the village level have shown that Comorian women play a major role in agriculture, particularly in food production, for which they do at least 60 per cent of the work. There are many obstacles, however, that limit their productivity and advancement, chief among them the burden of domestic drudgery, the low literacy rate, low income and limited access to ownership and credit.

7. Politically, the Comoros is trying to consolidate the democratic process started in 1991 with presidential and legislative elections under universal suffrage. Unfortunately, the rapid turnover of Governments since then and the tension between the opposition parties and the President of the Republic have caused great political instability.

Programme cooperation, 1990-1994

8. The programme of cooperation approved by the Executive Board in 1990 for the period 1990-1994 provided for $5,070,000, consisting of $1,500,000 from general resources and $3,570,000 from supplementary funds (E/ICEF/1990/P/L.3). In 1992, the annual general resources ceiling was increased from $300,000 to $750,000 per year. The programme aimed at reducing the infant and maternal mortality rates. In keeping with the priorities of the Government's policy in the area of maternal and child survival, development and welfare, the main emphasis was placed on the sectors of maternal and child health (MCH), nutrition, basic education, water supply and sanitation, advancement of women and social mobilization. The political and social instability that has

prevailed in the country since the programme began has hampered its execution and limited its impact.

9. The MCH programme included efforts to reduce the diseases targeted under the expanded programme on immunization (EPI), diarrhoeal diseases, ARIs and malaria. The key strategy of the programme was to integrate the various efforts using the fixed EPI centres as a base. Some noteworthy results were: (a) the country achieved universal child immunization (UCI) in 1990, although this accomplishment could not be maintained because of the limited resources of the Ministry of Health and even more importantly because of the political and social crisis that often paralysed health facilities for weeks on end during 1991-1992; (b) all health personnel at all levels were trained in integrating activities; (c) basic equipment was provided to improve the technical resources of the health centres; and (d) a dialogue was opened with the national partners on revitalizing primary health care (PHC) in keeping with the principles of the Bamako Initiative. UNICEF provided vaccines, drugs and basic equipment for the health centres and technical and financial assistance for training MCH programme personnel.

10. Primary education in the Comoros is facing a crisis; it has urgent needs that have to be met if the system is not to collapse. While supporting efforts to promote a discussion of "education for all", inspired by the World Conference on Education for All, held at Jomtien, Thailand, UNICEF has taken into account the system's immediate survival needs. It has therefore supplied basic teaching materials and school supplies for students and teachers and provided financial assistance for teacher retraining. Approximately 39 schools (16 per cent of the schools in the country) grouping nearly 100,000 students and 250 instructors were reached by the campaign. At the same time, UNICEF, in collaboration with the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank, was pursuing a dialogue with the Ministry of Education on the need to develop a national policy and a plan of action on "basic education for all", in line with the recommendations of the Jomtien Conference.

11. UNICEF support in the area of water supply and sanitation has made it possible to restore piped water systems in the N'tsasouami region of Grande Comore and on the islands of Anjouan and Moheli. Seven piped water systems serving roughly 150,000 inhabitants were restored; 39 schools and 15 PHC centres received equipment for building water-storage tanks. The sanitation component of the programme stressed educating the local population on drinking water management, equipment maintenance and environmental protection.

12. The programme on the advancement of women encouraged cross-sectoral collaboration between the Ministries of Production and Education, which resulted in the provision of guidance to 12 groups of around 150 women on the three islands. The guidance covered agricultural production, preserving and marketing products and simple management methods. Also thanks to this programme nearly 200 girls received literacy instruction in centres built with community participation. UNICEF provided the materials to build the centres, equipment, and technical and financial support for the training of the instructors.

Lessons learned

13. The structural constraints the country has faced have greatly impeded the execution of the programme and contributed to the poor results obtained. The following were particularly noteworthy: (a) the lack of human resources, aggravated by numerous strikes and frequent changes in the administration of the State which have limited the possibilities of dialogue with the national partners on planning to assist children; (b) the absence of national policies for key sectors such as education, health and water supply and sanitation, which has led to multiple interventions in these sectors and the emergence of vertical programmes with few logical linkages between them; (c) the failure to take full advantage of the energy of the local population (existing and active parent-teacher associations in the villages), despite the fact that this could be an effective means of mobilizing additional human and financial resources in the particular situation of the Comoros, where the political crisis has often led to a deep paralysis of the public administration; and (d) the lack of the additional funds requested has greatly impeded activities in important sectors such as water supply and sanitation.

14. Despite these constraints, the dialogue between the other development partners has been strengthened, especially as regards the organizations of the United Nations system. This has led, in particular, to effective cooperation at the EPI and MCH level, to which UNDP, the World Health Organization (WHO) and the United Nations Population Fund (UNFPA), together with non-governmental organizations (NGOs) such as CARE and Caritas have contributed.

15. The next programme of cooperation should take into account: (a) community participation and the empowerment of women, with a view to reducing dependence on external resources and creating a more self-sufficient mode of development; (b) intra- and intersectoral integration, with a view to enhancing the effects of synergy; (c) strengthening of national institutional capacity; and (d) increased cooperation with the Government's other development partners, especially those within the United Nations system, and also increased advocacy directed at other donors with a view to persuading them to give higher priority to the objectives of the decade relative to children.

Recommended programme cooperation, 1995-1996

Estimated annual expenditure

(Thousands of United States dollars)

General resources	1995	1996	Total
Health and nutrition	250	250	500
Basic education	100	100	200
Advancement of women	50	50	100
Water supply and sanitation	100	100	200
Planning, monitoring and evaluation	250	250	500
Subtotal	750	750	1 500
Supplementary funding			
Health and nutrition	100	100	200
Basic education	100	100	200
Water supply and sanitation	200	200	400
Subtotal	400	400	800
Total	1 150	1 150	2 300

16. A new five-year programme of cooperation, for the period 1995-1999 was to be submitted to the Executive Council for approval in 1994. Finally, however, the option of a two-year programme for the period 1995-1996 was selected, so as to: (a) give the State administration time to establish a democratic process and take advantage of the improved conditions for children that would result from political stability to negotiate a five-year cooperation programme with the Government; and (b) facilitate the process of integrating the planning cycles of the United Nations agencies, especially UNICEF, UNDP and UNFPA.

Programme goals, objectives and strategies

17. This programme will help to reduce infant and maternal mortality by achieving the mid-decade (1995) objectives as decided at the International Conference on Assistance to African Children (ICAAC) and those set for the year 2000 by the World Summit for Children. These objectives, adopted by the Government, appear in the preliminary documents for the national programme of action (NPA) which is being developed. Health and nutrition, basic education, safe water supply and sanitation, the status of women, social mobilization, and planning, monitoring and evaluation constitute the programme's priorities for intervention for the period 1995-1996.

18. The programme of cooperation will be based on two fundamental strategies: (a) the effective participation of beneficiary groups in development activities; and (b) the decentralization of planning and management procedures. These two strategies will, in particular, promote the introduction of community self-

management mechanisms and reinforce the ability to take initiatives and make decisions at the local level. These are particularly essential in the case of the Comoros, where the economic and political crisis regularly paralyses the work of the central administration. Although it is planned to implement these strategies at the national level, they will be tested first on the island of Anjouan, where innovative examples of community financing of social sectors already exists. Micro-planning methods for activities relating to the health services, education, and water supply and sanitation programmes will be defined jointly with the Government, regional authorities, the population of Anjouan and NGOs during 1994, and a detailed working plan will be developed afterwards.

19. The other programme strategies will consent of: (a) increasing the decision-making powers of women so that they become both the beneficiaries and instigators of development; (b) increased national capacity-building in the area of social planning; (c) use of low-cost technologies adapted to local conditions; (d) greater integration of the various sectoral programmes so as to benefit from the effects of synergy; and (e) efforts to ensure complementarity between the programme and the interventions of the other development partners.

Health and nutrition

20. The health and nutrition programme will help to reduce the infant and maternal mortality rates by accelerating the achievement of the following mid-decade objectives: (a) immunization coverage, for children under one year of age, of at least 80 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) and 90 per cent for tuberculosis and measles, and 80 per cent tetanus immunization coverage for women of child-bearing age; (b) 80 per cent use of oral rehydration therapy (ORT) in cases of diarrhoea in children between 0 and 5 years of age; and (c) reduction by half of the current rate of severe and moderate malnutrition by institution of a community-based monitoring system to establish exhaustively the extent of vitamin A deficiency and iodine deficiency disorders (IDD), adopting corrective measures, encouraging the continued practice of breast-feeding exclusively until the infant is at least six months old and promoting the Baby-Friendly Hospital Initiative (BFHI) in all hospitals and maternity centres. In order to achieve these objectives, on the basis of the principles of the Bamako Initiative strategy, the programme will strengthen primary health care (PHC) and develop an operational health system in the country's 14 districts. This system will be founded on 40 revitalized health centres, beginning with permanent operational EPI centres on the three islands. These centres will be co-financed and co-administered with community participation. They will provide the population with a minimum package of services including EPI, control of diarrhoeal diseases (CDD), malaria and ARIs and risk-free maternity services. The "EPI plus" strategy will be used to distribute vitamin A capsules to target groups and, as an interim measure, iodized oil in cases of deficiency in these micronutrients. This strategy will be supplemented by universal salt iodization to combat IDDs.

21. Programme activities will include: (a) implementation of reforms to accelerate the revitalization of PHC services, especially the establishment of a national policy to supply and distribute essential generic medicines and define a legal framework for the recovery of costs; (b) training and retraining of technical health personnel and community leaders in the management of PHC

facilities based on the Bamako Initiative; (c) improvement of the national system of health information; and (d) conduct of surveys to determine the prevalence of vitamin A deficiency and IDD and adoption of corrective measures, encouragement of breast-feeding, implementation of the BFHI in the larger hospitals and maternity centres on the three islands and growth monitoring at the community level.

Basic education

22. In the area of basic education, the objectives are (a) to increase access to primary school education, so that it is available to 70 per cent of the children, by giving priority to disadvantaged areas and to girls; and (b) to enhance the relevance of curricula and the quality of instruction. In order to achieve these objectives, the main strategy will be to get the parent-teacher committees involved in financing the expansion of the pupil-intake capacity of primary schools and in providing the basic facilities for such schools. This approach will first be tested on the island of Anjouan. The main activities are the following: (a) formulation of a plan of action on "Education for all" based on the recommendations of the World Conference on Education for All; (b) determining the way in which the parent-teacher committees will contribute; (c) working out a formula for such contribution and organizing awareness-raising meetings for members of such committees; and (d) organizing exchange trips to permit national partners to learn from the experiences of other African countries or regions. UNICEF will contribute to the basic education programme by: providing the technical assistance needed for formulating the national plan of action on "Education for All", producing learning materials and teaching equipment and training teachers; making a specific-purpose contribution of building materials and basic equipment needed to expand the primary schools; and providing school supplies pending the initiation of community participation.

Water supply and sanitation

23. The programme will aim at expanding the supply of safe drinking water by at least 50 per cent and improving people's behaviour vis-à-vis hygiene, sanitation and environmental protection. The strategy will consist of strengthening national planning capacity in the area of water, sanitation and maintenance of installations, taking community participation into account and using low-cost technologies. The main activities will be to: (a) formulate a national policy and rehabilitate gravity-fed piped water systems on the islands of Anjouan and Mohéli; (b) establish or revitalize water point committees in the villages and train members of such committees in the maintenance and management of the installation; and (c) undertake operational research in order to identify the types of water points that are most appropriate for Grande Comore (catchment, storage of rain water, etc.). UNICEF will provide technical assistance for the formulation of the national policy and the training of human resources in the planning of the water supply and sanitation sector, equipment for the construction and rehabilitation of the installations and teaching equipment for the training of members of the water point committees in the maintenance and management of the installations.

Advancement of women

24. This programme will help to focus on women's central roles as both recipients of and participants in development activities, as well as to give them access to essential basic services including education, health care and safe drinking water and to knowledge of simple methods and means of improving their status and facilitating their involvement in decision-making and in development activities at the family, community and national levels. The programme will continue the training activities for leaders of women's groups in areas of individual and community interest including agricultural production, community health (malaria control, acquired immunodeficiency syndrome (AIDS), sanitation, environmental health and family planning). Small case-studies of villages will be prepared under this programme which will enable the groups to identify the potential of their individual communities and to plan development activities of their choice. UNICEF will support 20 women's groups to which it will supply tools and equipment for farming and agricultural processing as well as teaching materials for awareness-raising and training with respect to the themes of the medium-term objectives of the decade.

Social mobilization

25. The programme's objectives are: (a) to stimulate the support of the public at large and of decision makers for the objectives of both the International Conference on Assistance to African Children and the decade; and (b) to promote the adoption of appropriate measures, including the allocation of more of the available resources to the social sectors. The programme will undertake advocacy activities, the topics of which will be based on the data provided by the social indicators monitoring system. Moreover, the information, communications and education activities will be carried out as part of social mobilization in support of all the other programmes. These activities will, in particular, create a demand for essential basic services by the population and facilitate their delivery by the appropriate structures. UNICEF will provide technical and financial assistance for the training activities and the production of communications material.

Planning, monitoring and evaluation

26. This programme aims at (a) national capacity-building with respect to methods of social data collection, analysis and utilization; and (b) providing relevant indicators for monitoring progress towards the objectives of the decade. UNICEF will finance the training of national managerial staff in methods of collecting and using social data and will provide technical assistance, materials and equipment to facilitate the establishment of the monitoring system.

Programme support

27. Funds will be earmarked under this programme for financing intersectoral operational expenditures, including expenditures relating to advocacy, social mobilization, monitoring and evaluation activities.

Coordination with cooperation agencies

28. Consultations with other partners will be continued and strengthened. Working meetings as well as joint field trips will be organized in order to evaluate progress in the implementation of activities. The programme will benefit from the support and collaboration of several development agencies and non-governmental organizations, including UNDP, WHO, UNFPA, the World Bank, the European Development Fund, the French cooperation agency, the Peace Corps (United States), Caritas, the Rotary Club and the Centre canadien d'étude et de coopération internationale.

II. ERITREA

Basic data (1993, unless otherwise stated)

Child population (million, 0-15 years)	1.6
Under-five mortality rate (per 1,000 live births)	208
Infant mortality rate (per 1,000 live births)	123
Underweight (percentage, moderate and severe)	..
Maternal mortality rate (per 100,000 live births)	..
Literacy (percentage)	20
Primary school enrolment (percentage net, male/female)	37/46
Percentage of grade 1 reaching grade 4	..
Access to safe water (percentage)	16
Access to health services (percentage)	40
Gross national product per capita	$120
One-year-olds fully immunized against (percentage):	
tuberculosis:	20
diphtheria/pertussis/tetanus:	15
measles:	12
poliomyelitis:	15
Pregnant women immunized against (percentage):	
tetanus:	3

The situation of children and women

29. In mid-1991, the 30-year war in Eritrea came to an end and the Provisional Government of Eritrea was formed, which announced its intention to hold a referendum on Eritrean independence within two years. The people of Eritrea voted unanimously for independence in that referendum, held in April 1993. The country's independence was proclaimed on 24 May 1993 and Eritrea, the newest country in Africa, became a member of the United Nations on 28 May 1993.

30. In 1992, the Executive Board approved funding for Eritrea for the period 1992-1994 as part of the programme of cooperation for Ethiopia (E/ICEF/1992/P/L.41). The first full programme of cooperation between UNICEF and the Government of Eritrea will be a five-year country programme for the period 1996 to 2000, which will be submitted to the Executive Board for approval in 1995. A short-duration country programme is proposed for the intervening period 1994-1995.

31. Eritrea is one of the poorest countries in the world, with an estimated gross national product (GNP) per capita of $120 compared to an average of $300 for sub-Saharan Africa as a whole. As a direct result of the 30 years of war, many public services have very limited coverage, with serious repercussions on the health, nutritional and educational status of children and women.

Therefore, rehabilitating service systems destroyed by the war and building up more systems to increase coverage are major priorities.

32. The situation of children and women in Eritrea is characterized by very high mortality and morbidity rates, which result from limited access to basic health and educational services, household food insecurity, poverty, illiteracy and an unhealthy environment. For every 10 Eritrean children born alive, one will die before his or her first birthday and two will die before their fifth birthday. The infant mortality rate is estimated at 123 per 1,000 live births, while the under-five mortality rate is estimated at 208 per 1,000 live births.

33. Based on a fertility rate of 6.8 children per woman, the preliminary UNICEF estimate of the maternal mortality rate is 710 per 100,000 live births, one of the highest in the world. One Eritrean woman in 140 dies from causes related to pregnancy, including miscarriages, intra-partum haemorrhage, eclampsia and puerperal infections, and other illnesses such as malaria. Less than 5 per cent of the women in rural areas give birth at health facilities or are attended by trained health personnel during delivery.

34. Both moderate and severe malnutrition are widespread in children under five years of age. Food insecurity is a chronic problem for 85 per cent of the population living in poor areas, who are deprived of many basic necessities. In addition to food insecurity, the majority of an estimated 90,000 war orphans and unaccompanied children, children of refugees and pregnant and lactating women are also affected by micronutrient deficiencies. Some 31 per cent of the population is estimated to be moderately or severely underweight, with 10 per cent severely underweight (wasting). Moderate and severe stunting is as high as 46 per cent and severe stunting is estimated to be 20 per cent. Provisional results of recent micronutrient studies indicate that both vitamin A and iodine deficiencies are widespread.

35. The overall pattern of child morbidity and mortality is dominated by communicable diseases associated with malnutrition. Respiratory infections are the major cause of child morbidity (31 per cent), followed by diarrhoeal diseases (15 per cent) and malaria (13 per cent).

36. The country's health infrastructure is in a very poor condition. Forty per cent of all health facilities are below the minimum standard. Only 40 per cent of Eritrea's 3.5 million people have access to a health facility. The ratio of physicians to the population (1 in 43,478) is one of the lowest in the world. The low quality of health care results from poor organizational capacity, lack of trained human resources, limited finances and a weak referral system coupled with poor communication facilities.

37. The vast majority of Eritreans do not have access to safe drinking water, with access estimated to be as low as 16 per cent country-wide. Water collection is invariably the task of women and girls. Accurate country-wide data on sanitation coverage are not available. In rural areas, 4 per cent of households are reported as having latrines compared to 44 per cent in urban areas and 14 per cent nationwide.

38. Over the past decade, thousands of Eritrean children have been denied access to basic education because of the war. The illiteracy rate is estimated to be as high as 80 per cent. Most schools have either been destroyed or severely damaged. Net primary school enrolment is estimated at 40 per cent. The Eritrean education system suffers from an acute shortage of schools, teachers, materials and equipment, an uneven distribution of resources, an absence of vocational and non-formal training opportunities and poor academic standards. The education of girls is very weak, especially in traditionally nomadic areas.

39. The magnitude of the problem of children in especially difficult circumstances is not easy to quantify. It is estimated that 90,000 orphans and unaccompanied children, 56,000 disabled people and 100,000 internally displaced people are in dire need of support.

40. In addition, about 500,000 refugees currently in the Sudan will be returning to Eritrea over the next two years; more than 50 per cent are below the age of 15 years. Children and women will be the most vulnerable of the returnees.

41. In January 1992, UNICEF established an independent office in Asmara and started a programme of cooperation with the Provisional Government. Substantial progress was made in 1992-1993, with UNICEF providing assistance in the areas of health, nutrition, water supply and environmental sanitation, education, children in especially difficult circumstances, emergency operations and planning. Major emphasis was on service delivery (in response to immediate needs in the aftermath of the war) and on capacity-building for the new government institutions. Several emergency interventions in response to epidemics, floods and the influx of returnees were also addressed through the Eritrean component of the Special Emergency Programme for the Horn of Africa.

Recommended programme of cooperation, 1994-1995

Estimated annual expenditure

(Thousands of United States dollars)

General resources	1994	1995	Total
Health	300	400	700
Nutrition	100	100	100
Water supply and sanitation	200	200	400
Education	200	200	400
Programme support	550	400	950
Emergency preparedness	50	50	100
Area-based development	50	100	150
Children in especially difficult circumstances	50	50	100
Subtotal	1 500	1 500	3 000
Supplementary funding			
Health	1 300	1 600	2 900
Nutrition	800	400	1 200
Water supply and sanitation	350	700	1 050
Education and literacy	300	600	900
Integrated basic services	230	460	690
Children in especially difficult circumstances	150	300	450
Subtotal	3 130	4 060	7 190
Total	4 630	5 560	10 190

42. The 1994-1995 programme will focus primarily on the achievement of the mid-decade goals and preparation for implementation of the first five-year country programme of cooperation between the Government of Eritrea and UNICEF, beginning in 1996. Funds for 1994 have already been approved by the Executive Board, under the programme of cooperation for Ethiopia (E/ICEF/1992/P/L.41).

43. Because of the war's widespread devastation, improving service delivery and capacity-building at regional, district and subdistrict levels will be the main strategic thrusts of the bridging programme, through the establishment of essential social service systems. The programme will also build on the current government policy of decentralization and traditions of community participation to develop community-based and integrated basic service approaches for achieving and sustaining improvements in child survival, protection and development and achieving the decade's goals, as appropriate for each locality.

Health

44. UNICEF will continue to support progress towards UCI and 80 per cent use of ORT, as well as towards reducing morbidity and mortality caused by ARI, malaria and diarrhoeal diseases through reactivation and rehabilitation of the nationwide PHC system. At the national level, assistance will be provided to improve baseline data collection and analysis, health information systems and monitoring and evaluation, and will also include the procurement of vaccines and essential drugs and training of health managers. At regional and district levels, a comprehensive primary health care package using the Bamako Initiative strategy will be implemented progressively in 7 of the country's 10 provinces, covering 45 per cent of all children under 5 years of age. The package will include basic rehabilitation and equipping of health centres and health stations; establishment of cold-chain systems, ORT units and procurement of MCH and maternity ward kits in all health facilities; printing and distribution of treatment guidelines and health education materials; training of 300 health assistants, 40 MCH nurses, 500 village EPI promoters and 200 community health workers; and the establishment of disease surveillance systems and monitoring and evaluation mechanisms.

Nutrition

45. UNICEF will continue to assist the Government in combating severe and moderate malnutrition by supporting the local production of affordable and acceptable weaning foods and through the implementation of limited-scale supplementary feeding programmes for 120,000 children under 5 years of age and 50,000 pregnant and lactating women in high-risk localities. It is expected that these activities, started during the emergency period, will be phased out by 1995 as resettlement progresses and local food production is restored. Other interventions will include the establishment of a nutrition surveillance system, child and maternal nutrition education and breast-feeding promotion. Vitamin A distribution linked to EPI is under way. The programme will assist the Government in achieving universal salt iodization in Eritrea by the end of 1994 through the establishment of salt iodization plants at Assab and Massawa. This programme will benefit the populations of both Eritrea and Ethiopia, as nearly all the commercial salt consumed in Ethiopia comes from the salt factories of Eritrea.

Water supply and environmental sanitation

46. For timely results and high cost-effectiveness, priority will be given to the rehabilitation of defunct water supply systems and building Government capacity in operations and maintenance in urban and peri-urban areas. This will provide a foundation for an expansion of water supply and sanitation coverage in rural areas. Assistance will also be provided for the development of a comprehensive water supply and sanitation sector plan through a national inventory of existing water and sanitation resources. The programme will expedite capacity-building through the standardization of hardware; training of 300 hand-pump caretakers and 20 motorized pump caretakers in operations and maintenance; hygiene education and community participation in system planning and management to build sustainability. Upon completion of the rehabilitation of 30 wells and the expansion of the water supply and distribution systems

currently under way at Keren, the second largest city in Eritrea, nationwide access to safe drinking water will increase by 5 per cent in 1994, compared to 13 per cent in 1990.

Education

47. Given a low net primary school enrolment rate of 40 per cent and an estimated illiteracy rate of 80 per cent, the programme will concentrate primarily on primary education and literacy. Support will be provided to rehabilitate two schools in Dankalia and one school each in Barka and Sahel provinces, as well as to strengthen 120 primary schools through the provision of basic school supplies and teaching aids. Social mobilization will focus on creating and sustaining demand for education, especially for the education of girls. Efforts will include intensive training of 350 primary schoolteachers, 100 directors and 50 supervisors on how to promote community interest and support for primary education. The programme will also assist in the development of pre-school and primary school curricula, with a strong emphasis on the introduction of a component on child survival, protection and development and in strengthening of the Curriculum Development Institute. Non-formal education strategies, such as those used by the Bangladesh Rural Advancement Committee, will be tested on a pilot basis in selected provinces. UNICEF will also support literacy programmes for demobilized female combatants.

Children in especially difficult circumstances

48. As a direct result of the war, thousands of orphans and unaccompanied children are living in institutions or trying to survive on the streets. In collaboration with the United States Agency for International Development (USAID) and the Government of Italy, UNICEF will assist the Government in the reunification of 3,000 orphans with relatives or their placement with foster families. Support will be for the training of 42 social workers and to improve the capacity of the Social Affairs Department to cope with the problems of orphans and street children, especially girls. Efforts to promote the rights of the child and to integrate relevant aspects of the Convention on the Rights of the Child into the new Eritrean Constitution will be intensified.

Emergency preparedness

49. One of the challenges faced by the Government and NGOs is to shift smoothly from an orientation on emergency and relief services to rehabilitation and eventually to sustainable development. Considering that Eritrea is prone to emergencies including persistent droughts, recurrent famines and frequent malaria and meningitis epidemics, the emergency preparedness programme will focus on supporting early warning and preparedness activities. UNICEF will collaborate with the Government and other organizations, especially those of the United Nations system, to establish a disaster preparedness and management unit. Support will be provided to the relevant government bodies to establish early warning systems and stockpile basic emergency supplies.

Area-based development

50. The Government has set up a policy framework for development based on decentralization. In addition, community participation and gender equity have been the cornerstones of social development in the liberated areas during the 30 years of war. The programme will build on this solid ground of popular participation to sustain and strengthen community empowerment through the promotion and implementation of community-based development projects using the Bamako Initiative strategy. UNICEF will assist the Ministry of Finance and Development in implementing regional and district level plans for social development with a focus on child survival, protection and development. A framework will be developed for the delivery of rural and urban integrated basic services including health, household food security, water supply and environmental sanitation and education. Area-based projects will be developed in the priority provinces of Seraye and Senhit, where UNICEF and the Government already have adopted a regional approach.

Social planning

51. UNICEF will assist the Ministry of Finance and Development and the planning departments of other key ministries and institutions in developing their planning, programming and management capacities. For example, support will be provided for country programme preparation, development of a national programme of action, baseline data collection and analysis and monitoring of progress towards mid-decade goals.

Collaboration with other agencies

52. Eritrea is on the frontline in the process of restructuring the field activities of the United Nations system. UNICEF will continue to participate actively in the preparation of the Government country strategy note for development activities of the United Nations organizations in Eritrea, and will advocate strongly for roles of all United Nations organizations and bilateral and multilateral donors in pursuit of the goals of the World Summit for Children.

Monitoring and evaluation

53. Monitoring and evaluation of programmes will be crucial for a country beginning to re-establish systems for planning and management. To this end, quarterly and annual programme implementation reviews will assess the progress and constraints in expanding basic service systems and incorporate the lessons learned into the following year's project plans of action. All projects will be evaluated after two years so as to assess their usefulness, viability, cost-effectiveness and impact on the strategies for increasing the basic capacities of social service systems, for example, the viability of a Bamako Initiative approach.

Programme management

54. As Eritrea is a country with relatively new social service delivery systems, UNICEF efforts will help to strengthen the implementation capacity of government, NGO and community workers through training in how to implement policies and procedures, planning and monitoring and evaluation of programmes. Study tours will be organized for sharing experience both inside and outside the country. To ensure timely and qualitative programme implementation, schedules for annual project work plans will be monitored and joint visits with government officials to project sites will be organized.

III. MADAGASCAR

Basic data (1992, unless otherwise stated)

Child population (millions, 0-15 years)	6.1
Under-5 mortality rate (per 1,000 live births)	168
Infant mortality rate (per 1,000 live births)	110
Underweight (percentage moderate and severe) (1984)	33
Maternal mortality rate (per 100,000 live births) (1988)	570
Literacy (percentage, male/female) (1990)	88/73
Primary school enrolment (percentage net, male/female) (1989)	64/63
Percentage of grade 1 reaching grade 4 (1988)	32
Access to safe water (percentage) (1991)	23
Access to health services (percentage) (1989)	65
Gross national product per capita (1991)	US$ 210
One-year-olds fully immunized against (percentage):	
tuberculosis:	46
diphtheria/pertussis/tetanus:	32
measles:	27
poliomyelitis:	32
Pregnant women immunized against (percentage):	
tetanus:	2

The situation of children and women

55. The economic crisis that has persisted for some 20 years has resulted in a serious decline in living conditions and the impoverishment of the population, despite the structural adjustment programmes in place since 1985. It is estimated that half the population lives below the poverty level. The burden of external debt, with outstanding balances and debt service charges combined, equals 120 per cent of GDP and 75 per cent of export revenues and has progressively sapped the Government's resources, leading to a severe deterioration in the social infrastructure as a result of successive reductions in the budgets of the social sectors.

56. In a parallel development, depletion of natural resources has further exacerbated the problems of human survival. The erosion of soil by wind and rain is aggravated by brush fires, slash-and-burn agriculture, random land clearance and overgrazing. Forests are disappearing at the rate of 3 per cent, or 200,000 hectares, per year, and natural forests have been eliminated over 80 per cent of the territory. Water and wood are becoming scarce, adding to the drudgery of women and children, while the rich biodiversity of the country, considered part of the common heritage of mankind, is threatened by the shrinkage of natural biotopes.

57. The high rates of infant and maternal mortality, 110 per 1,000 live births and 570 per 100,000 live births, respectively, are symptomatic of the high incidence of infectious and parasitic diseases. There has been a gradual decline in the diseases targeted by the expanded programme on immunization, while ARIs, diarrhoeal diseases and malaria remain the major causes of child mortality and morbidity. Although it is estimated that 85 per cent of women come for prenatal care, only 40 per cent have skilled assistance when they give birth. The percentage of the population that visits the health centres varies, but is generally low; the figures range from 30 to 60 per cent according to region. The drastic decline in the portion of the government budget allocated to the health sector - from 9 to 4.5 per cent from 1976 to 1992 - has had a serious impact on the system's ability to function: medicines are in short supply; health-care workers lack motivation; and many health-care units have had to cut back or shut down altogether.

58. Malnutrition is widespread throughout the country in moderate (44 per cent) or severe (9 per cent) form; food production has declined and provides food security for only 65 per cent of households. Approximately 3,000,000 people suffer from IDD, and a 48 per cent incidence is reported from IDD sentinel sites in regions where the deficiency is seriously endemic.

59. Basic education has been hard hit by government budget cuts. Roughly 95 per cent of the budget goes entirely to pay wages and salaries, leaving only 4 per cent for other current expenses and scarcely 1 per cent for investment. A hasty reform of basic education has resulted in the production of textbooks that are ill-adapted to needs and in training that has left teachers poorly prepared and insufficiently motivated to practise their profession effectively. The general breakdown of the school system is evidenced by the high percentage of students repeating the middle primary grades (50 per cent in 1991) and dropping out of school (30 to 60 per cent, depending on the province). The illiteracy rate among adults has risen noticeably in the past several years; schools are simply no longer attracting students, and school enrolment has declined 20 per cent since the mid-1980s because of the mediocre quality of education provided and the limited prospects for graduates.

60. The percentage of the population with access to safe water and sanitation is low for the nation as a whole (31 per cent) and even lower in rural areas, where less than 3 per cent of the population has access. The southern part of the country is subject to cyclical droughts that cause periodic famines and frequent population displacements.

61. Impoverishment and rural depopulation have exacerbated and generalized the phenomena associated with marginal populations in urban areas (homeless families, petty crime, prostitution, exploitation and abuse of children). The special nature and consequences of this type of poverty have not been much investigated, and little is being done in terms of prevention and social assistance. A report sharply critical of progress in providing legal protection for children was prepared in the course of a review of implementation of the Convention on the Rights of the Child, which was ratified by Madagascar in 1991.

62. Although legally women are considered equal to men, customary law and legal precedents, influenced by a tradition of hierarchy in society and the family,

tend to perpetuate their inferior status. They are discriminated against in regard to access to land, property ownership, credit and inheritance rights.

63. Politically, the country has recently succeeded in establishing democratic institutions, following a severe political and social crisis that lasted for nearly three years. Madagascar instituted its Third Republic after holding the first presidential and legislative elections with universal suffrage the country has seen since becoming independent in 1960. This process of democratization, which has progressed in a climate of relative peace, has aroused great hopes in the population, and the new Government must take into account the demands and aspirations of the most disadvantaged groups, while continuing to implement the austerity measures necessitated by the country's critical situation.

Programme cooperation, 1993-1994

64. The programme's accomplishments include: (a) progress in the health and nutrition sectors, with the start-up of the PHC revitalization effort based on the Bamako Initiative strategy; (b) progress in immunization coverage and CDD; (c) identification of the main nutritional problems and training of national staff in organizing and monitoring control efforts; (d) start-up of a programme for reducing IDD; and (e) emergency and rehabilitation activities in the south in response to the effects of the past two years of drought. UNICEF has provided technical assistance, vaccines, basic drugs, equipment, teaching materials and means of transport in support of this programme. The support was aimed at facilitating the activities of health centres, mobilizing the authorities and the population on behalf of child survival and development, providing education in health and nutrition, and training health-care workers.

65. Support for basic education has been chiefly directed towards strengthening the nutrition education programme in conjunction with production activities in the region of Fénérive-Est. The programme has facilitated the preparation of teaching materials (textbooks for teachers and students) that emphasized nutritional themes. As a result of this programme, it has been possible to establish school gardens at primary schools, in which new crops were tried out; reinforce the teaching of nutrition in primary schools; and introduce new crops to the villages covered by the programme. UNICEF has also provided support for early childhood education and adult literacy as part of the basic education programme. Its support for the latter programme entailed chiefly technical assistance, teacher training and provision of teaching materials and basic equipment for the schools.

66. The programme of integrated basic services was developed in the southern portion of the main island and in the large towns. It has made it possible to provide communities with a basic package of services, including irrigated areas and market gardens managed by women's groups, nutrition sentinel sites in 14 villages, rehabilitated rural health infrastructures and water points. In the large towns, programme activities have made it possible to: set up six centres providing social and educational services and pre-vocational training for children in especially difficult circumstances, together with assistance in establishing a civil status file to facilitate school enrolment; improve the habitat by promoting sanitation; and promote income-generating activities for women. The assistance took the form of technical support and provision of

materials, equipment and emergency aid in the south. As a result of cooperation between the Central Bank of Madagascar, the Netherlands Committee for UNICEF and the UNICEF office in Antananarivo, the rehabilitation efforts in the southern part of the country to combat the effects of the drought benefited from a special financing arrangement whereby funds were mobilized by converting some of Madagascar's commercial debt for social development purposes.

67. Environmental management, improved PHC, caring for children in especially difficult circumstances, and the ratification and implementation of the Convention on the Rights of the Child have been the main focus of the programme of social mobilization and communication. The survey of the situation of mothers and children has been used as the basic document in advocacy efforts aimed at the new deputies elected to the Parliament of the Third Republic and at donors. UNICEF has provided material, technical and financial support for training, information, education and communication activities.

Lessons learned

68. The above-mentioned cooperation has highlighted the urgent need to: (a) put in place a reliable system for the compilation, analysis, monitoring and evaluation of social data; (b) promote and facilitate the involvement and effective participation of the beneficiary populations in the planning and execution of development programmes; (c) strengthen coordination with all development partners, including multilateral and bilateral cooperation agencies and NGOs; and (d) assist in the definition and formulation of sectoral policies while adopting cross-sectoral strategies that create synergy among social sectors.

Recommended programme cooperation, mid-1994-1995

Estimated annual expenditure

(Thousands of United States dollars)

General resources	1994	1995	Total
Health	673	1 375	2 048
Nutrition	180	365	545
Education	-	300	300
Integrated basic services	100	425	525
Social mobilization	40	75	115
Programme support	329	460	789
Subtotal	1 322	3 000	4 322
Supplementary funding			
Health	1 300	2 600	3 900
Nutrition	334	666	1 000
Education	280	520	800
Social mobilization	60	140	300
Integrated basic services	500	1 000	1 500
Subtotal	2 474	4 926	7 400
Total	3 796	7 926	11 722

Programme goals, objectives and strategies

69. The proposed programme covers a period of 18 months (July 1994-December 1995) and will help to (a) reduce infant and maternal mortality rates through the achievement of the mid-term objectives of the decade (1995) established by the Dakar Consensus; and (b) consolidate the national bases for achieving the objectives to the year 2000, proposed by the World Summit for Children and included in the national programme of action which is currently being finalized. The option of short-term cooperation has been selected in order to permit the Government which recently emerged from the democratization process to prepare and negotiate substantial cooperation with UNICEF within the framework of a five-year programme covering the period 1996-2000.

70. The programme will rely on strategies for the (a) effective participation of beneficiary groups in activities and the strengthening of the decision-making power of women; (b) national capacity-building in the field of social planning; (c) more systematic use of the tools of social mobilization to create a partnership pursuing the objectives of the decade on behalf of children; (d) recourse to appropriate and community-based technologies; (e) strengthening the mechanisms for coordinating activities under the various sectoral programmes; and (f) decentralizing the planning and management of the various projects.

Health

71. This programme will help to (a) achieve vaccination rates of 80 per cent for DPT3 and 90 per cent for tuberculosis and measles among children aged from 0 to 1 year; (b) increase vaccination coverage for tetanus among women of childbearing age; and (c) achieve an ORT utilization rate of 80 per cent for diarrhoea among children aged 0 to 5 years. The Bamako Initiative strategy is aimed at rehabilitating with community assistance about one hundred health centres out of the 2,000 currently in existence. These centres will provide a minimum package of services including an EPI, LCCD, and treatment for malaria and ARI. UNICEF will provide vaccines, essential drugs, cold-chain equipment and means of transport and will also finance the training of health workers with a view to improving the functioning of health centres.

72. The objectives of the nutrition programme are: (a) to help reduce IDD within the sentinel sites of those areas in which the disease is endemic; (b) to undertake a comprehensive evaluation of the extent of vitamin A deficiency and to take corrective measures; (c) to help reduce protein-calorie malnutrition by introducing a system of community-based nutritional monitoring in the target areas of the Bamako Initiative; and (d) to contribute to the maintenance of the current 98 per cent rate of maternal breast-feeding by promoting the BFHI at the national level. In the fight against IDD, the "EPI plus" strategy, which will be used to distribute iodized oil capsules to target groups, will be supplemented by the strategy of universal salt iodization. The latter will ensure access to iodized salt for the population as a whole. UNICEF will contribute to the nutrition programme technical assistance, drugs, equipment and means of transport, as well as support for training and social mobilization activities.

Education

73. The objectives are (a) to make school accessible to all children, particularly girls and specially disadvantaged children; and (b) to improve the quality of teaching. UNICEF will support the development of a model of community schools based on a partnership between the Government, parents and national NGOs. This support will include technical assistance and the provision of the material and financial resources to meet needs and to put in place the partnership mechanism, as well as an initial specific-purpose supply of school materials for use by students. This programme will be carried out in collaboration with the World Wildlife Fund and UNESCO, which will contribute the technical and financial assistance for its conception and execution.

Programme of integrated basic services

74. The objectives of the programme are to help reduce severe malnutrition from its current incidence of 9 per cent to 6 per cent and moderate malnutrition from its current incidence of 44 per cent to 30 per cent by the end of 1995, and to provide people in disadvantaged areas with more essential basic services. Previous experiences in "protected areas" (areas which are socially and environmentally vulnerable) will be taken into account in the planning of activities. In order to achieve its objectives, the programme will rely on strategies for effective community participation in order to ensure the

effective involvement of the people from the stage of conception to that of the execution of programmes; the implementation of projects to test the impact of interventions using the least expensive technologies before broader dissemination takes place; social mobilization to increase the demand for essential services; and community-based monitoring. UNICEF support will include materials, equipment and technical assistance.

Social mobilization

75. The programme's objective is to create a partnership of all development agents around the objectives of the ICAAC by targeting families in order to promote their participation in activities geared towards ensuring the survival, development and protection of children and by expanding advocacy campaigns for the allocation of a larger share of available resources to the social sectors and the adoption of appropriate measures aimed at improving environmental management. The provision of teaching materials and the financing and technical backstopping of training activities will be the main UNICEF contribution to this programme.

Planning, monitoring and evaluation

76. This programme will ensure the more effective monitoring of the indicators of the objectives of the decade relating to children. Social mobilization will focus on advocacy initiatives that rely on the data compiled by the monitoring system which will be introduced. UNICEF will provide financial and technical support for the training of national managers in methods of compiling, exploiting and analysing social data. In addition, support in the form of materials and equipment will be provided in order to strengthen the aforementioned system.

Cooperation with other agencies

77. The programme will place particular emphasis on cooperation and coordination with other development partners, whose participation is especially necessary in the grave economic and financial crisis which the country is currently experiencing. UNICEF will expand its cooperation with the World Bank, UNESCO, the World Wildlife Fund, WHO, UNFPA, the French, German and Swiss cooperation agencies and USAID in the area of health and nutrition; the International Labour Office, UNDP, the World Bank, and the Centre d'étude et de coopération internationale (Canada) will be the principal partners in the introduction of integrated basic services. The synergy sought in the modes of cooperation selected will focus on the definition of national sectoral policies and strategies in order to ensure effective complementarity and thereby maximize the impact of the limited resources available.

Programme support

78. Funding will be set aside under this programme for the financing of intersectoral operational costs and of certain programmes relating to advocacy, social mobilization, monitoring and evaluation.

IV. MAURITIUS

Basic data (1992, unless otherwise stated)

Child population (thousands, 0-15 years)	0.3
Under-five mortality rate (per 1,000 live births)	24
Infant mortality rate (per 1,000 live births)	20
Underweight (percentage, moderate and severe) (1985)	24
Maternal mortality rate (per 100,000 live births) (1982)	99
Literacy (percentage, male/female)	../..
Primary school enrolment (percentage, net, male/female) (1989)	92/94
Percentage of grade 1 reaching grade 4 (1988)	98
Access to safe water (percentage) (1988)	96
Access to health services (percentage) (1985)	100
Gross national product per capita (1991)	$2 400
One-year-olds fully immunized against (percentage):	
tuberculosis:	87
diphtheria/pertussis/tetanus:	91
measles:	87
poliomyelitis:	91
Pregnant women immunized against (percentage):	
tetanus:	77

The situation of children and women

79. The current programme of cooperation between the Government of Mauritius and UNICEF was approved by the Executive Board in 1990 for a total of $1,500,000 from general resources and $565,000 in supplementary funds, subject to the availability of specific-purpose contributions (E/ICEF/1990/P/L.5). The programme, which covers the period 1990-1994, addresses social problems affecting children and women in the new industrial environment of Mauritius and aims at reducing disparities, mainly between the islands of Mauritius and Rodrigues. To support further national efforts towards the achievement of the goals adopted by the World Summit for Children, in 1992, the Executive Board approved additional general resources in the amount of $1,500,000 (E/ICEF/1992/P/L.35). The master plan of operations was subsequently revised to incorporate the objectives adopted by the country in the national programme of action for the survival, development and protection of children, which was endorsed by the Government in November 1992, in particular, the medium-term objectives. The revised master plan of operations also reflects a simplified programme structure to ensure a greater focus of UNICEF support, as recommended by the October 1992 mid-term review of the programme of cooperation.

80. The current programme of cooperation will run out of funds by the end of 1994. The present recommendation for a short-duration programme was prepared in

order to ensure continuity, while meeting priority needs of children, for the period January to December 1995. While current indicators show that the basic child survival issues are being addressed successfully by the Government/UNICEF programme of cooperation, a careful analysis of the situation reveals that children and women face new problems created by rapid industrialization. Almost 50 per cent of all women are employed in the export processing zone, representing 30 per cent of the workforce. This has profound implications for child care and development, and causes stress for families, creates imbalances and generates new needs that require attention.

81. The programme of cooperation has already made a contribution to improving the quality of life of children and women through extensive social mobilization campaigns and the promotion of appropriate legislation, as well as by reinforcing packages of support services. The Ministry of Economic Planning and Development is playing a major role in leading annual reviews and major evaluations, as well as yearly planning workshops. Most government initiatives also include United Nations agencies and NGOs to ensure complementarity of efforts and stronger partnerships.

Recommended programme cooperation, 1995

Estimated annual expenditure

(Thousands of United States dollars)

General resources	1995
Women-centred programme	360
Planning and social statistics	50
Advocacy	50
Rodrigues area-based programme	220
Programme support	70
Total	750

82. National commitment to giving priority to children's issues is demonstrated by the positive steps the Government is taking towards the translation of the Convention on the Rights of the Child into national laws, and by the important campaigns it has launched to publicize child rights. It is proposed to strengthen these efforts further by including child survival, protection and development issues into continuing high-level advocacy and public mobilization campaigns.

83. One of the national goals in the health sector is to increase immunization coverage for the 6 antigens to 100 per cent by the end of 1994. The challenge for 1995 and beyond will be to sustain this achievement. Support will be provided for further decentralization and necessary improvements of health services and to ensure efficiency and cost-effectiveness. Health education for better preventive health care and health care promotion for communities will be a key strategy to reach all national goals for MCH, in collaboration with WHO. UNICEF will continue to support the national AIDS control programme in the

context of new approaches towards changing lifestyles. The focus will remain on women and young people, with youth-to-youth activities, and the development of a nationwide communication network.

84. With regard to nutrition indicators, the performance of Mauritius is below expectations, with 24 per cent of children under five years of age reported to be under weight, and there is a need to reduce the percentage of infants with low birth weight and anaemia in women. UNICEF will continue to support government efforts to reduce the prevalence of low-birth-weight babies and malnutrition, particularly among children under five years of age whose parents are factory workers. Healthy lifestyles will be promoted through the training of relevant personnel, the development of appropriate information, education and communication materials and the establishment of a national community support network, in collaboration with other United Nations organizations.

85. The Government is committed to making all hospitals and private clinics "baby-friendly" by implementing the "Ten steps to successful breast-feeding" by the end of 1994. Ongoing support to the development of a national nutrition policy, including infant and child feeding, should lead to the adoption of a law on the marketing of breast milk substitutes by the end of 1995.

86. Primary education is free and compulsory in Mauritius. Pre-primary education is seen as part of the continuum of basic education, and the objective is to encourage universal access for children at the age of three years. UNICEF will continue to support efforts towards the successful completion of primary education by 80 per cent of all children. In this context, Mauritius was selected as part of the joint UNICEF/UNESCO project on monitoring of learning achievements in 1993 and 1994. Based on the data generated by the monitoring system, emphasis will be placed on quality and learning achievements through training of teachers, giving special attention to low-achieving schools and the mobilization of parents for effective participation in the education of their children. A comprehensive strategy for an early childhood development programme is being elaborated and should be implemented as of 1995. Financial assistance will be provided to train teachers in the early detection of children with handicaps. In 1993, UNICEF supported a full evaluation of the literacy activities implemented by various ministries and NGOs. The proposed plan of action will focus on young adolescents leaving primary school and on young women.

87. The Rodrigues area-based programme was evaluated in September 1992, and the results demonstrated the positive impact of UNICEF-supported activities. A strategy based on community participation remains the basis of UNICEF cooperation. The current components of the programme in health, education, water supply and sanitation and community development will remain essential to further reducing disparities between the two islands.

88. The country adopted an environmental master plan in 1992. The plan is under implementation, and impact assessment studies will be carried out systematically. UNICEF will continue to advocate primary environmental care in the context of community-based strategies.

89. There exist capacities within the Ministry of Economic Planning and Development and sectoral ministries for planning and monitoring with respect to goals related to children and women. In a second phase of the Mauritius social database project, which began in 1991, UNICEF assisted the Ministry of Economic Planning and Development to develop a system of social indicators, which serves as a basis for the national monitoring system.

90. The new five-year programme of cooperation between the Government of Mauritius and UNICEF, to be submitted to the 1995 Executive Board, will reflect Government priorities and commitments as outlined in the national programme of action. The programme will focus on sustaining the country's present achievements in child survival, development and protection; increasing the quality of health and education services; and further reducing disparities. Stronger support to vulnerable children and women is foreseen. Given the situation of Mauritius, one of the priority strategies will be to strengthen and develop further national capacity and expertise in social policy analysis and social development planning, in particular, towards a better integration of women in development.

V. SOMALIA

Basic data (1992, unless otherwise stated)

Child population (millions, 0-15 years)	4.6
Under-five mortality rate (per 1,000 live births)	211
Infant mortality rate (per 1,000 live births)	125
Underweight (percentage, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1981)	1 100
Literacy (percentage, male/female) (1990)	36/14
Primary school enrolment (percentage net, male/female) (1986)	14/8
Percentage of grade 1 reaching grade 4 (1988)	37
Access to safe water (percentage) (1988)	37
Access to health services (percentage) (1983)	27
Gross National Product per capita (1991)	...a/
One-year-olds fully immunized against (1989) (percentage):	
tuberculosis:	31
diphtheria/pertussis/tetanus:	18
measles:	30
poliomyelitis:	18
Pregnant women immunized against (percentage):	
tetanus:	5

a/ GNP per capita estimated to be less than $500.

The situation of children and women

91. Somalia's civil war is rooted in struggles among clans and a turbulent political history. The breakdown of civil authority began around 1988. Despite massive foreign assistance in the 1980s, the situation of children and women progressively deteriorated as civil unrest extended to most of the country and the Government diverted more resources to military uses. The crisis moved to centre stage internationally by June 1992, after the Secretary-General of the United Nations brought Somalia's plight to the attention of the global community. At that time, two consecutive droughts, from 1990 into 1992, had plunged the majority of Somalis into an acute famine, coinciding with an escalation of the civil war, which has wrecked the economy, torn apart the social fabric and decimated the infrastructure of services. The absence of a unifying framework for civil governance, authority and decision-making has created a serious void. Political parties, warlords and militias have flourished, coalesced, collapsed and regrouped.

92. When clans and subclans fight to control territory, further deterioration of services occur. The destruction and pillaging of the service infrastructure as well as insufficient operating resources forced government workers to leave their jobs. Health centres, hospitals, schools, nutrition cells and water systems ceased to function. With major security problems and the decimation of basic services, clans have become more influential, and people have fallen back on these traditional coping mechanisms for security. While women have taken on increasing burdens for their families and communities, they still have only limited opportunities to influence community governance.

93. Current data on the situation of children are scarce. As in 1992, when a short-duration country programme recommendation was presented (E/ICEF/1992/P/L.40), the situation of children and women in Somalia remains very critical. There is a high risk of further deterioration to health, nutrition, education, and water supply and sanitation services.

94. Expenditure in the health and education sectors relative to the total government budget declined from 7 and 6 per cent, respectively, in 1980, to virtually nothing in 1990. Before the civil war began and the drought in 1983 (the latest year for which data are available), 27 per cent of the population had access to health services. The infant mortality rate of 125 per 1,000 live births and the under-five mortality rate of 211 per 1,000 live births, are probably underestimated. The maternal mortality rate, at 1,100 per 100,000 live births, is the third highest in the world. Net primary school enrolment is below 11 per cent, while adult literacy is 25 per cent. Access to safe water supply and sanitation in villages is probably less than 30 per cent. Solid waste disposal is a grave concern.

95. There are no data to document how seriously the situation of children and women deteriorated during the period 1991-1993. However, with the slow reconstruction of destroyed and looted facilities, a modest revival of some services has begun. When political stability returns, massive external aid will be needed to restore pre-war levels of service coverage for 4.5 million children affected by the civil war, 1.5 million of which have been displaced from their homes.

Programme cooperation, 1993

96. The beginning of 1993 saw the continuation of a United Nations 100-Day Action Programme for Accelerated Humanitarian Assistance for Somalia, and a concerted effort to address mass population displacements and famine. The programme succeeded in halting starvation and massive deprivation through a rapid expansion of the United Nations relief operation. The UNICEF emergency budget for 1993 was $50 million, out of which $33 million was raised. In June 1993, programme implementation slowed when hostilities between United Nations forces and local militias intensified, and many UNICEF staff had to be evacuated to Nairobi. Since that time, programme implementation has improved.

97. While there were numerous locations where armed conflict was widespread, there were also districts and regions of relative peace that permitted the delivery of basic services. To deal with the absence of government structures, UNICEF deployed its staff as close to these strife-torn communities as possible,

and carefully managed a field support network through regional offices in Baidoa, Bossaso, Hargeisa and Kismayo. In locations of comparative peace, UNICEF took the initiative to increase coverage and accelerate service delivery. There was a major reactivation of health services. Schools reopened and teachers were reassigned. More safe water sources were put into operation, and the nutritional status of children and women was improved. These modest gains helped to facilitate the return of many displaced persons to their original homes. However, in locations where hostilities have prevented fuller operations, service delivery is slower.

98. UNICEF provided food for therapeutic and supplementary feeding at community centres for more than 2,000,000 children and women, contributing to a dramatic improvement in their nutritional status. Overall, these interventions have brought down the number of underweight children by more than one half.

99. Vitamin A and iron tablets were distributed to children and women to combat micronutrient deficiencies, which are widespread among women and children. To help build capacity to prevent an upsurge of malnutrition in vulnerable areas, nutrition sentinel sites were established in disaster-prone districts, as part of an early warning system. Hundreds of metric tons of the nutritious UNIMIX, a high-energy supplementary food, were distributed, especially when nutritional conditions became critical in these areas. As a measure of emergency preparedness, provisions of UNIMIX are being stocked to enable a quick response, as necessary.

100. To reduce the very high maternal mortality rate, UNICEF helped to re-establish MCH services by supporting the reopening of 81 MCH centres which cover nearly all 93 districts nationwide. These centres provide services for antenatal and post-natal and delivery care, and paediatric drugs and ORT. Also, 975 community health workers (nurses, midwives, sanitarians and traditional birth attendants) have been supported and trained. UNICEF also assisted 24 hospitals, 41 outpatient units and 189 health posts. At least 1 million children and women benefited through services that UNICEF helped to re-establish and upgrade.

101. Some 900,000 children received measles vaccinations. In the area of capacity-building, a country-wide cold-chain system was established, maintained and supplied with vaccines. The vaccine centre at Mogadishu and regional vaccine stores in all 18 regions are being managed by 24 cold-chain technicians and 6 mid-level EPI managers, and 400 trained vaccinators work nationwide through mobile teams, outreach services and static centres.

102. Hospitals, MCH centres and health posts are helping to control diarrhoeal diseases, the single leading cause of morbidity and mortality among children under five. These health facilities have distributed three million sachets of oral rehydration salts. The establishment of ORT corners in hospitals and health centres is increasing.

103. Approximately 105,000 school-aged children have returned to primary schools, a real achievement given that 90 per cent of all schools have been partially or completely destroyed and looted during the war. UNICEF, in collaboration with NGOs, assisted with the rehabilitation of 98 primary schools

and the re-opening of another 74 primary schools; the provision of low-cost construction materials; the training of 189 school headmasters and administrators and 1,868 teachers; and the provision of education kits for more than 50,000 schoolchildren. UNICEF, UNESCO and NGOs printed textbooks and teaching materials for primary schools. In many districts, UNICEF is exploring the possibility of communities contributing to the weak finances of schools.

104. The value of water in community life is high, and clans treat water sources as closely guarded possessions. Conflicts have arisen from disputes over water supply projects. Thus, water is also an important entry point for community development for UNICEF and NGO partners. UNICEF-assisted water supply activities have benefited close to 500,000 Somalis through the rehabilitation of 8 large urban water systems, the construction of 200 shallow wells, the installation of 136 hand-pumps, the rehabilitation of 95 shallow wells and the chlorination of 1,112 water sources. In environmental sanitation, UNICEF helped to install 784 simple pit latrines and 10 garbage disposal facilities.

105. In all programmes, UNICEF established effective partnerships with international and local NGOs, United Nations organizations, mainly the Department of Humanitarian Affairs of the United Nations Secretariat, the World Food Programme (WFP), UNESCO and WHO, and other donors. Unfortunately, in the 1992-1993 period, the high-risk security situation claimed the lives of three international staff. More efforts are under way to protect staff through safer transportation, promoting higher security awareness and providing counselling and other services.

Lessons learned

106. The absence of a Government has made programme operations costly and more difficult. However, the district and regional councils that the United Nations is supporting nationwide may provide a starting point for the re-emergence of a Government. It will take time, but no other plausible alternative has emerged. Therefore, UNICEF will continue to use appropriate management approaches for this complex emergency until a Government is established and UNICEF has the opportunity to gradually shift to a country programming approach.

107. Even in a complex emergency, there are community-based channels that can be used to reach children and women in need. A sharper focus on the characteristics and potentials of localities would help to expand and sustain service delivery, more effectively develop indigenous organizational capacities and enlist and empower major community groups in sustainable child survival, development and protection initiatives.

108. Renewed attempts to introduce a decentralized health system remained unsuccessful. However, the massive needs provide an opportunity to develop, with community involvement, a highly responsive, decentralized, sustainable health care system, based on MCH centres. This would ensure full access to essential services.

Recommended programme cooperation, 1994-1995

Estimated annual expenditure

(Thousands of United States dollars)

General resources	1994	1995	Total
Health	665	665	1 330
Nutrition	167	167	334
Education	311	311	622
Water supply and sanitation	729	729	1 458
Programme support: advocacy, social mobilization, information, monitoring and evaluation and operations	728	728	1 456
Subtotal	2 600	2 600	5 200
Supplementary funds			
Health	6 499	9 000	15 499
Nutrition	3 201	2 900	6 101
Education and psycho-social care	3 300	3 000	6 300
Water and sanitation	5 500	5 400	10 900
Programme support: advocacy, social mobilization, information, monitoring and evaluation and operations	7 100	3 800	10 900
Resettlement (residual)	262	-	262
Subtotal	25 862	24 100	49 962
Total	33 362	27 700	61 062

Programme strategy

109. Somalia remains in a state of complex emergency. Thus, a five-year regular programme of assistance is still not viable, and the present two-year short-duration country programme recommendation is the most appropriate alternative. Security conditions permitting, the proposed new programme will further assist and protect newly rehabilitated service facilities, thus making basic services available to more children and women. Building local capacity and addressing sustainability through community empowerment will be priorities.

110. The rehabilitation of services remains incomplete, and there are large pockets of population which are still unserved. Priority will be given to reopening more service facilities in larger and denser settlements. In cooperation with other United Nations organizations and NGOs, UNICEF will give priority to reopening service facilities in larger and denser settlements. New partners will be enlisted as the programme is extended to reach and sustain

contact with more children and women. Involvement and empowerment of more women's groups will complement cooperation with NGOs. The energy and talents of women will help to explore ways to strengthen community self-reliance. Community involvement will support the continued rebuilding of public confidence and reinforce the strong community sense of commitment to children.

111. The varying characteristics of regions and localities were taken into account in the development of four regional approaches within the country programme framework. Therefore, the mix of programmes for each region will respond to each region's social, economic and service needs and potentials. This service delivery strategy builds on successful interventions and consolidates those gains made in 1993. Any new emergencies will require a rapid response mechanism. Thus, surveillance in tandem with contingency planning, allowing for a rapid shift to emergency modes, are twin strategies that will complement the overall programme strategy of rehabilitation and return to development.

Basic health

112. In order to go to scale with health services for approximately 50 per cent of all children and women, UNICEF will continue to strengthen 81 MCH centres, including 490 health posts which are assigned to them. These are facilities that UNICEF has helped bring back into operation with supplies of essential drugs and health kits and the return of staff. Their capacity for managing MCH care will be upgraded through staff training and post-training supervision. A special focus will be the reduction of the high levels of maternal and infant mortality. Health staff will reach out to provide information and motivate mothers on hygiene, immunization, continued breast-feeding, preparation of appropriate weaning food and prevention and care of common diseases affecting children. While maintaining support to already functioning MCH centres, UNICEF will assist the remainder of the MCH centres to become operational, so that MCH centres in all 93 districts are functioning by the end of 1994.

113. Regions and districts should not follow disparate directions and adopt their own health systems. This would lead to a situation that would be difficult to manage when a national health ministry is re-established. Districts and regions will be assisted to follow interim relevant health standards, minimum qualifications for staff and salary scales until there are national guidelines. UNICEF will assist efforts to develop health guidelines and norms for adoption nationwide.

114. Diarrhoeal diseases, vaccine-preventable diseases, ARI and malaria are the major causes of child morbidity and mortality, along with the poor nutritional status of children. Thus, the drive to establish ORT corners in 80 per cent of all hospitals and health facilities will continue. Increased family access to knowledge and use of ORT will also be a major goal. A focus on family participation will also apply to training of health staff for the prevention, timely detection and management of ARI, and the supply of therapeutic antimalarial drugs.

115. Children under five years of age are highly vulnerable to vaccine-preventable diseases, especially measles, tuberculosis, poliomyelitis and

neonatal tetanus. The high immunization coverage in 1993, in areas where peace and order permitted, will be maintained to the extent possible, while expansion of coverage to other districts will be pursued to reach the national objective of 80 per cent coverage.

116. Strengthening the capacity of MCH centres and health outposts will enhance immunization service delivery and serve as a basis for other outreach services. In addition, management and storage of vaccines will be improved through training and rigorous management protocols, which will be backed by highly focused supervision. Target-oriented, locally relevant social mobilization and information campaigns will be designed and developed through more involvement of indigenous community leadership.

Nutrition

117. The incidence of IDD has not been reported on. However, the universal iodization of edible salt will be a priority. Vitamin A and iron deficiencies, however, are known to be widespread. UNICEF will assist in reducing the incidence of iron deficiency anaemia associated with pregnancy by 30 per cent and work towards the elimination of vitamin A deficiency in all locations where security permits. Health and nutrition facilities and vaccination teams will distribute vitamin A and iron supplements to children and women as part of an EPI Plus service delivery strategy, after health staff and other allied workers are trained on child and maternal nutrition.

118. UNICEF assistance for household food security will focus on information for families and communities, particularly to raise community consciousness and dialogue on child and maternal nutrition needs. These dialogues are designed to lead to individual household actions, such as better choices of food for family members based on their nutritional needs. Supplementary food production by families, where this is feasible, will be encouraged.

119. Nutrition surveillance and supplementary feeding will continue to focus on protecting the nutritional status of children in high-risk locations, such as the central and southern regions of the country. Sentinel site and other surveillance activities will communicate any danger signs to UNICEF zonal offices for follow-up actions. Therapeutic and supplementary foodstuffs and related supplies, including tarpaulins for makeshift shelters, will be kept at warehouses near three staging points. This stock will suffice for the immediate needs of up to 80,000 persons trapped in an emergency situation.

Education and psycho-social care

120. With the destruction of the formal school system in Somalia, the importance of Koranic schools has emerged in almost all parts of the country. Both girls and boys who attend public schools have also attended Koranic schools, which make no gender distinction. Where there are no primary schools, as is the case in many villages and poor settlements of cities and towns, Koranic education is the sole source of education for children. Many Koranic schools lack sufficient teaching kits, learning aids, textbooks and reading materials in Arabic and Somali and other supplies. UNICEF will assist Koranic schools with teaching kits, learning aids and other supplies, and improvement of existing texts in

Koranic schools as introduced by local Koranic experts, or provision of Somali language textbooks and other learning materials. Textbooks and other reading materials in either Somali or Arabic will highlight Islamic values in the Holy Koran on humanity and peace. UNICEF will also assist in the improvement of existing primary school textbooks, with particular attention to the reduction of gender stereotypes. One new modality that may be tested for wider replication is the launching of a team of mobile teachers from primary schools who could augment teaching of basic subjects in those Koranic schools which express such a need.

121. As destruction, looting and abandonment affected 90 per cent of all primary schools and continued rehabilitation is needed, UNICEF will continue to support the reopening of more primary schools. Teaching kits for instruction (e.g., blackboards, erasers, chalk, flip charts and educational posters) will be provided.

122. Promotion of basic education for women will focus on basic life skills; improving functional literacy and numeracy skills; and women's entrepreneurship and income-earning skills. This empowerment strategy will help more women to take advantage of opportunities for involvement in projects to benefit themselves, their children and their communities. A start will be made in 25 per cent of all locations where UNICEF is assisting.

123. Psychological trauma due to exposure to armed conflict, atrocities and near-fatal experiences during the famine have affected women who were victims of rape, widows whose husbands were killed, children exposed to violence, children who have been physically handicapped as a result of the civil war and boy soldiers who need to be won away from their weapons and helped to readjust to community life. Psycho-social care for trauma victims will be provided, especially for severely affected children and their families. A study of the epidemiology of these cases will precede the formation of a cadre of competent teachers and psychologists, who will be trained to help these victims. This innovative start will constitute the nucleus of a larger nationwide programme on which to build.

Water supply and sanitation

124. UNICEF will assist with rehabilitation of water supply systems broken or damaged due to the war, looting and sabotage. These range from large urban water systems to open wells in villages that have been polluted and are inoperative. First priority will be given to 10 systems that serve large population settlements. Smaller systems which require replacement of defective or stolen pumps and pipes will also be covered, starting with 50 water sources in larger villages. Existing systems will be protected through chlorination, where peace and order permit. The improvement of designs and protection of aprons of open wells and water catchments will prevent surface seepage and contamination. In addition, protected shallow dug wells, deep wells and hand-pump and selected mechanized systems will be constructed. Increasing access to safe water will make efforts to launch new construction of latrines and to intensify sanitation education more feasible. Simple designs are available and UNICEF will provide seats to families who are ready to install

latrines. As a condition to UNICEF support for water supply activities, communities will need to introduce more latrines and sanitation education.

125. Another serious environmental health problem is garbage piled deep on streets and in open areas of large communities and densely populated neighbourhoods. In the absence of a sanitation department to collect garbage, a few successful community collection activities have begun. With some improvements, those activities will provide suitable models for many areas which are badly in need of garbage systems. Community actions using donkey carts and suitable dump sites away from houses and activities under the leadership of local NGOs will be supported.

Advocacy, social mobilization and information

126. This programme aims at enlisting the support of all radio stations within the country and those in Ethiopia and Kenya whose broadcasts reach Somali communities. The aim is to motivate parents to use MCH, immunization, nutrition and other child-related services which are being rehabilitated. These broadcasts will help to prepare communities to participate in and support child survival, development and protection initiatives. Facts for Life will be translated into Somali and broadcast through brief radio and print messages to various media organizations. Immunization sessions will be announced regularly through the media to generate high turnouts at vaccination centres and outreach posts.

127. More capacity-building and policy dialogue will be possible as district and regional councils form and a central government emerges. Therefore, UNICEF advocacy will assist these councils to identify and address priorities for children and women during rehabilitation, and to initiate longer-term development initiatives. Should opportunities for the ratification of the Convention on the Rights of the Child, the adoption of the goals of the World Summit for Children and support to prepare a national programme of action emerge during the 1994-1995 period, UNICEF cooperation will evolve accordingly.

128. Rebuilding Somali society will need many helping hands in the years ahead. All domestic and international partners need to support child survival, development and protection, given the massive needs. UNICEF advocacy will help to mobilize more resources for children's services.

Programme support

129. Since both national and subnational government structures for services to children and women have yet to be fully reconstituted, UNICEF will continue to operate at regional and district levels. UNICEF will continue to maintain offices at Mogadishu, operate from the support centre in Nairobi, manage four zonal offices in Somalia and support a supply staging point in Djibouti for the airlift of supplies into northern Somalia. This operation requires maintaining field office accommodations, warehouses and common staff residences. UNICEF will continue to provide security for protection of UNICEF staff and facilities. Likewise, the current communications (satellite), air and surface operations will be maintained.

130. Air operations are a requisite for UNICEF cooperation in Somalia. Air transport will continue to connect between 10 to 16 locations. It will continue to support rapid deployment of personnel, cash assistance and supplies, as well as to provide security for staff.

Contingency plans

131. In the event that security conditions preclude the implementation of the country programme as outlined above, UNICEF would employ contingency plans with built-in rapid response mechanisms for relief and rehabilitation services to distressed Somalis.

International assistance coordinating mechanism

132. In December 1993, the Somali Aid Coordination Body, a coordinating mechanism for rehabilitation efforts, was created by the United Nations Fourth Humanitarian Conference on Somalia. Quarterly meetings of the body, with more frequent standing committee meetings, aim at ensuring that relief and rehabilitation efforts are effectively coordinated. UNICEF is an active and supportive participant.

VI. SOUTH AFRICA

Basic data (1992, unless otherwise stated)

Child population (millions, 0-15 years)	16.1
Under-five mortality rate (per 1,000 live births) (1991)	70
Infant mortality rate (per 1,000 live births) (1991)	53
Underweight (percentage, moderate and severe)	...
Maternal mortality rate (per 100,000 live births) (1992)	84
Literacy (percentage, male/female)	78/75
Primary school enrolment (percentage net, male/female)	../..
Percentage of grade 1 reaching grade 4	...
Access to safe water (percentage)	...
Access to health services (percentage)	...
Gross national product per capita	$2 560
One-year-olds fully immunized against (1991) (percentage):	
tuberculosis:	57
diphtheria/pertussis/tetanus:	72
measles:	76
poliomyelitis:	73
Pregnant women immunized against (percentage):	
tetanus:	..

The situation of children and women

133. The period 1992-1993 has seen turmoil as well as progress in the political negotiations for a non-racial, democratic and non-sexist South Africa. The first universal suffrage election is scheduled for 27-29 April 1994, after which a Government of National Unity will be formed, and the National Assembly, doubling as a constituent assembly, will write the new constitution. New elections will be held in 1999. The new Government will face the daunting challenge of addressing historical structural problems that have gravely undermined both economic and human development, as manifested in the 46 per cent unemployment rate and the crisis in education, health and other basic services. The problems of the transition period are compounded further by a rapid increase in human immunodeficiency syndrome (HIV)/AIDS and acute poverty, 47 per cent of the population live in poverty, and 95 per cent of those living in poverty are Black, as well as economic stagnation since the 1980s. Major social problems for the Black majority include illiteracy, lack of marketable skills and limited access to basic health care, housing, water supplies and sanitation resulting from discrimination.

134. The abolition of apartheid and the ushering in of a Government with a broader political mandate are necessary for a non-racial, non-sexist, democratic South Africa. But these two reforms are not sufficient to redress the legacy of apartheid. The goals for a future Government will have to rectify the impact of

apartheid and address human development goals. Failure to meet these goals could threaten democracy itself and slow progress in child survival, protection and development.

Programme cooperation and development, 1992-1993

135. In December 1992, UNICEF posted a small team to South Africa under the Memorandum of Understanding between UNHCR and the Government. The primary objectives of UNICEF assistance during 1992 and 1993 have been to extend urgent humanitarian assistance to children and women, especially returning exiles, victims of violence and, more recently, Mozambican refugees, as well as to advocate for broad acceptance of the principle of a first call for children within the process of drafting the national reconstruction and development programme for a new South Africa. The main implementing partners of UNICEF have been the National Children's Rights Committee (NCRC) and UNHCR, in consultation with the United Nations Observer Mission for South Africa.

136. Achievements include advocacy and technical support for the inclusion of the provisions of the Convention on the Rights of the Child in the Interim Constitution and Bill of Rights for a non-racial and democratic South Africa. A situation analysis report was launched, and the data were used to promote improved public policy formulation to benefit children and women. Substantial progress has been made in the area of health policy and in building consensus towards a nutrition policy, as well as in capacity-building and human resource development through training and reorientation in PHC and nutrition. The commitment made to children by both South Africa's President F.W. de Klerk and the African National Congress's President Nelson Mandela at Oslo and Stockholm in December 1993 afford UNICEF an excellent opportunity to promote the building of stronger partnerships for children in the future.

Recommended programme cooperation, 1994-1996

Estimated annual expenditure

(Thousands of United States dollars)

General resources	1994	1995	1996	Total
Social policy development	300	300	300	900
Relief and rehabilitation	100	100	100	300
Basic services:				
Primary health care	300	300	300	900
Basic education	150	150	150	450
Area-based programme	100	100	100	300
Children in especially difficult circumstances	50	50	50	150
Nutrition and household food security	200	200	200	600
Gender and development	100	100	100	300
Advocacy and social mobilization	300	300	300	900
Programme support	400	400	400	1 200
Subtotal	2 000	2 000	2 000	6 000
Supplementary funding				
Social policy development	200	200	200	600
Relief and rehabilitation	500	500	500	1 500
Basic services:				
Primary health care	1 000	1 000	1 000	3 000
Acquired immunodeficiency syndrome	700	700	700	2 100
Basic education	500	500	500	1 500
Area-based programme	300	300	300	900
Children in especially difficult circumstances	300	300	300	900
Nutrition and food security	400	400	400	1 200
Gender and development	400	400	400	1 200
Advocacy and social mobilization	500	500	500	1 500
Subtotal	4 800	4 800	4 800	14 400
Total	6 800	6 800	6 800	20 400

Programme strategies

137. The present short-duration country programme for the period 1994-1996 will focus on the implementation of immediate and high-priority measures for child survival, protection and development in the post-apartheid period. It will also provide an opportunity to prepare a regular programme of UNICEF cooperation for the period 1997-2001. The central strategy will be to assist the new Government and NGOs to reduce social disparities and pursue human development priorities. Given South Africa's considerable overall economic and technical capacities, UNICEF resources will be most effectively used as a catalyst to mobilize national resources for children and women. In this context, the goals of the World Summit for Children, as adapted for South Africa, and the Convention on the Rights of the Child will provide a framework for focusing national development efforts on children and women.

138. A range of improved social and human development policies will need to be established. However, the database to support policy formation is incomplete and often unreliable, particularly with respect to the more marginalized groups and geographic areas. Data collection, analysis and operational research will be supported to provide urgently required information for policy development and programme formulation. This capacity-building strategy will apply to all sectors and will also contribute to the development of a national programme of action and the UNICEF programme of cooperation for 1997-2001. Gender disaggregation of data and analysis will receive particular attention.

139. Despite the positive changes that may result from democratic government, some groups and communities will remain disadvantaged for some time to come. While support for institutional reform and policy reorientation will be central to the country programme, it will be complemented by support for delivery of key basic services. Accordingly, child survival interventions such as immunization and the reduction of malnutrition will be immediate high priorities after the elections. UNICEF will also support, on a selective basis, relief and rehabilitation of basic services for the most disadvantaged.

140. The centrality of children and women to the new development consensus needs to be assured. Advocacy, public education and social mobilization will be crucial tools to support the implementation of new developmental ideas. More specifically, the formulation of policies and strategies, initially under the aegis of the various technical multi-party forums, needs to be informed by the global goals for sustainable human development. Increasing access of decision-makers to relevant experiences in child survival, protection and development from other countries will also be an objective of UNICEF assistance.

141. National capacity-building will aim to bring into development institutions those who have been excluded in the past. UNICEF will assist in the training and reorientation of cadres in selected sectors, as identified by current policy formulation initiatives. The large and comparatively wealthy private sector has potential for increased social involvement. Through advocacy and identification of children's needs, UNICEF will assist in mobilizing resources from industrial, commercial and agricultural concerns. In the case of area-based programmes, it should be possible also to mobilize resources within participating communities, thus strengthening self-reliance and sustainability.

Social policy development programme

142. Socio-economic policy issues are pivotal to the reorientation of the role of the State after apartheid in South Africa. The proposed programme of cooperation will support the refocusing of government development aims towards the intertwined high-priority themes of human development and disparity reduction. Many of the strategies to meet these objectives are likely to emerge during the development of the national programme of action, a process which will receive technical and financial support under this component. UNICEF and all partners will also liaise, on a technical level, with ministries and parastatal and multilateral organizations involved with economic reform and restructuring to meet post-apartheid policy aims. The objective will be to ensure the incorporation of human development priorities and appropriate economic safeguards for vulnerable groups in macroeconomic policy formulation and the allocation of budgetary resources. This objective will be pursued jointly with other United Nations organizations, particularly UNDP, within the context of preparing the Government country strategy note for United Nations development cooperation.

143. The social policy development programme will also aim to close key gaps in national information on children and women, many of which were identified in the situation analysis. This will be done principally through collaboration in major studies, surveys and programme development activities undertaken by the new Government with other United Nations and multilateral and bilateral organizations. Initiatives will include the collection and disaggregation of key data on children and women. A limited number of specific surveys focusing on particular issues, for example, child rights or under-served geographic areas, may also be supported and undertaken with local organizations.

144. For each sector, this programme will provide technical support to the development of national policies and standards for service delivery in the post-apartheid era. Work in the first phase will be carried out mainly through the national forum on health, the national forum on education and training, the nutrition task force of the drought forum and the Transitional Executive Council's sub-council on women. As legitimate state organizations are formed, this work will be progressively integrated with the formation of public policy.

Relief and rehabilitation programme

145. The 1994-1996 programme will continue support to victims of violence, traumatized children, displaced persons and the families of former exiles. Major areas of support will include immediate relief needs and basic services such as shelter, water supply and sanitation, basic health care and food supplementation. This programme will be closely linked with the PHC, children in especially difficult circumstances and basic education programmes.

Basic services programme

146. Primary health care. The national health services of post-apartheid South Africa are expected to be based on the concept of PHC, with an emphasis on universal access. Community participation in health service delivery will strengthen progress towards preventive PHC and away from the hitherto

institution-based and largely curative system of health care. UNICEF, together with WHO, will support the promotion of PHC by reorienting health and other development services to support community action for health; developing the capacity to coordinate and integrate the many public, NGO, private, community and traditional health care service delivery systems into a district health management framework; and enabling organizations at community and district levels to assess and analyse health needs and problems, as well as to initiate actions addressing their own priorities through the "triple A" process of assessment, analysis and action.

147. Accordingly, efforts to improve the well-being of mothers and children will be enhanced. In particular, consensus will be sought on strategies for reaching the mid-decade goals of universal child (and maternal) immunization; elimination of neonatal tetanus and poliomyelitis; reduction of the incidence of measles; elimination of vitamin A and iodine deficiencies; an increase in the use of oral rehydration for diarrhoea control and management; and HIV/AIDS prevention and control. Community and district actions for improved water supplies and sanitation will also be supported. Thus, PHC will provide the entry point for integrated area-based programmes, including improved child nutrition.

148. HIV/AIDS prevention and control. The Government, political parties and NGOs have joined forces against AIDS through the National AIDS Convention of South Africa (NACOSA). In a series of conferences, latterly with WHO and UNICEF participation, NACOSA has developed a draft national AIDS strategy. NACOSA has a regional structure for eventual implementation of the strategy at regional, district and local levels. UNICEF will support educational initiatives with adolescents through organizations such as youth groups affiliated with NACOSA. PHC will focus on settlements with the highest risk populations. A multi-media health promotion strategy is being developed with the Institute of Urban Primary Health Care.

149. Basic education. The basic education component will reflect both the Declaration of the World Conference on Education for All and the mid-decade goals. The focus will be on increasing access to education among the large group of 6- to 14-year-olds who are out of school at present. The main strategy will be to support a policy review of the basic education sector, with the aim of reorganizing it into a unified sector, and to support policy development that focuses on the needs of out-of-school youth. Possibilities for the development of alternative semi-formal education systems will be examined. Efforts to develop national policy on early childhood education and care will continue to receive support. Basic education for women will receive greater attention. Facts for Life will constitute an important tool for empowering parents to improve the survival and development of their children.

150. Children in especially difficult circumstances. Information about children in especially difficult circumstances is deficient. However, data show that a large number of children are affected by violence, while about 2.5 million school-age children (6-14 years of age) are out of school. Within the framework of the Convention on the Rights of the Child, which South Africa is poised to ratify soon after the democratic elections, surveys will be carried out to determine the nature and extent of the problem. UNICEF will support the drafting of new legislation for improved child protection. The programme will

also promote an exchange of experience with other countries, capacity-building and training and empowerment of both the children themselves and service organizations.

Nutrition and household food security

151. Nutrition and household food security issues will be incorporated into the agenda of technical, multi-party sectoral negotiations, such as those for water supply and sanitation, economic development and agricultural and national reconstruction. UNICEF will continue to support the consensus-building process already begun in 1993 on the basis of the new global nutrition strategy. Particular emphasis will be placed on supporting policy and strategy development in order to mobilize human, economic and organizational resources for nutrition improvement. Integrated actions will be developed to eliminate vitamin A and iodine deficiencies and to address anaemia among women and children. Coordinated efforts in the area of infant and child feeding will include the protection and promotion of breast-feeding and appropriate weaning using foods readily accessible to needy households. UNICEF will also support the strengthening of nutrition information systems, which will include widening the availability of useful information for decision-making at all levels, with particular emphasis on community and household levels, as well as the recognition of nutritional status as a sensitive indicator for socio-economic development.

Gender and development

152. Women constitute approximately 54 per cent of the total population, and the majority of these women live in rural areas. Even though women participate in most national development activities, they function below their capacities owing to poor diet, inadequate health services and overwork. The gender and development programme, which will permeate all other programmes, will focus on achieving the mid-decade goals and improvement of the situation of women and girls by reducing their workload and increasing their access to economic and political empowerment and information on child survival, protection and development concerns. UNICEF will support consensus-building processes, policy development and the strengthening of organizational networks and advocacy initiatives around gender issues. Special attention will be given to female victims of political and domestic violence, sexual abuse and rape. In order to promote economic empowerment, technical support will be provided to the credit programmes of the Women's Development Bank.

Advocacy and social mobilization

153. Because apartheid constituted such a fundamental denial of human rights, the process of abolishing it has thus far meant hard bargaining by the different interest groups to secure their rights. Since children possess neither financial clout nor the power of the ballot, there is always the danger of their concerns receiving lower priority on the development agenda. UNICEF will enhance its search for strategic advocacy opportunities in the best interest of children. Special attention will be given to the creation of a strong partnership for children, as well as to encouraging both the public and business

sectors to increase their investments in children. In particular, opportunities for local private sector fund-raising will be explored.

Programme support

154. UNICEF has a small staff contingent working in a rapidly changing environment characterized by uncertainties and insecurity. Assuming that the 1994 elections will bring stability, child survival, protection and development programmes can be accelerated. Accordingly, a country programme management plan has been drawn up to reflect the human and organizational resources required to facilitate effective programme implementation. The 1993/1994 post authorization table provides for six professional staff, namely, the representative and technical officers to support programme planning, information and communication activities, emergency activities and programme operations, as well as a regional supply/logistics function. The key programme areas of health, HIV/AIDS, nutrition/area-based programming, basic education, children in especially difficult circumstances and gender and development will require technical expertise for advocacy, programme development and implementation. A modest programme support component is built into the proposed budget. Technical assistance will be a major strategic UNICEF input.

Programme monitoring and evaluation

155. Monitoring of the situation of children and women as well as progress towards the mid-decade goals will initially take place within a framework of a regular programme monitoring system of quarterly review meetings and field visits. After the finalization of the national programme of action in 1994-1995, joint monitoring systems covering both programme cooperation and key national social indicators will be established with the new governmental partners. These will, in turn, provide a basis for evaluations and the formulation of a regular country programme for the period 1997-2001.

Cooperation with other partners

156. Between now and the forthcoming elections, UNICEF will continue its present cooperation with NCRC and UNHCR. Upon the installation of the new Government, formal cooperation will be established at national, regional and local levels. UNICEF will liaise closely with other United Nations and bilateral and multilateral agencies in South Africa.

VII. ZAMBIA

Basic data (1992, unless otherwise stated)

Child population (millions, 0-15 years) (1988)	44
Under-five mortality rate (per 1,000 live births)	202
Infant mortality rate (per 1,000 live births)	113
Underweight (percentage, moderate and severe)	31
Maternal mortality rate (per 100,000 live births)	150
Literacy (percentage, male/female)	81/65
Primary school enrolment (percentage net, male/female)	81/79
Percentage of grade 1 reaching grade 4 (1988)	80
Access to safe water (percentage)	53
Access to health services (percentage)	75
Gross national product per capita	$420
One-year-olds fully immunized against (percentage):	
tuberculosis:	83
diphtheria/pertussis/tetanus:	57
measles:	56
poliomyelitis:	59
Pregnant women immunized against (percentage):	
tetanus:	20

The situation of children and women

157. Since the late 1970s, employment and incomes in Zambia have declined and inflation has risen. More than 60 per cent of households live on the brink of poverty and are unable to purchase their minimum food requirements. Morbidity and mortality rates have risen, and more than one child in four is malnourished.

158. Social sector budgets have been slashed, resulting in a deterioration in both the coverage and quality of health, education, water supply and other essential services. Despite continuing high levels of population growth and urbanization, there have been no new investments in social infrastructure. Consequently, compared to a decade earlier, more children have less access to quality health care; placing children in school has become more difficult, and drop-out rates have increased; and an increasing proportion of children are being forced to live in poor and congested housing in unsanitary surroundings with limited access to safe water supplies. The coping capabilities of many households have been stretched beyond their limits, thereby forcing increasing numbers of children out of school and onto the streets to eke out a living. Girls and women have suffered most.

159. The increase in poverty and health problems such as malaria, tuberculosis, diarrhoea and HIV/AIDS and the collapse of household coping capabilities is

taking a large toll. The reduction of under-five mortality in the 1970s has been reversed into an increase in under-five mortality of 15 per cent since 1977. The infant mortality rate has increased from 80 to 113 per 1,000 live births between 1980 and 1992, respectively.

160. The major causes of infant and under-five morbidity and mortality are ARI, diarrhoeal diseases and malaria. However, as children get older malnutrition also increases. One half of all children admitted to hospitals are malnourished. Recent surveys indicate that 44 per cent of children under 5 years of age are nutritionally stunted, and 12 per cent of babies are born with low birth weight, indicating maternal nutrition and health problems. Approximately 50 per cent of children and 25 to 50 per cent of adults, especially women, have deficient haemoglobin levels. Previous studies have indicated that approximately 50 per cent of the population is affected by IDD; however, there have been no recent surveys undertaken. Vitamin A deficiency is prevalent in children; although the country-wide prevalence is not known, studies in Luapula Valley and Ndola rural district have indicated that approximately 16 per cent of children under 6 years of age may be affected.

161. Recent surveys indicate an HIV prevalence of 20 to 33 per cent among urban adults and 7 to 15 per cent in rural areas. Perinatal transmission accounts for 75 per cent of all paediatric AIDS. Increasingly, older men are passing HIV to young women and girls. Tens of thousands of children have become AIDS orphans, and many households are caring for terminally ill family members or the children of deceased relatives.

162. Approximately 90 per cent of urban residents have access to water. However, government budget cuts result in few systems with adequately treated water supplies, and most urban households experience prolonged, chronic water shortages. Inadequacy of water supply and sanitation contributed to over 20,000 cases of dysentery since 1990; most cases are from urban areas in the copperbelt and Lusaka. In rural areas, 40 per cent of households have access to a protected water supply. However, between 50 to 70 per cent of water points are not serviceable, due to breakdowns and poor maintenance. As population growth and congestion increases, diseases associated with poor water supply, sanitation and hygiene practices have increased.

163. Following the 1991 elections, the new Government has embarked on a stringent economic reform and structural adjustment programme as prerequisites to restoring economic growth. This has involved the introduction of measures to reduce subsidies, especially on the basic food of maize meal; eliminate the budget deficit and control inflation; rationalize the civil service and privatize parastatal enterprises; liberalize the currency and other markets; and restructure industry and promote private sector investment. While the Government appreciates that social sector investments are a part of this recovery and growth strategy, poverty alleviation strategies have not been incorporated into the adjustment process. As a consequence, an increasing number of vulnerable households are expected to suffer the consequences of the adjustment programme, consequences, which would, unfortunately, have a direct impact on the welfare of women and children. Despite economic constraints, the political commitment of the Government to women and children has been manifested through the signing of the World Summit Declaration and subsequent completion of

the national programme of action, as well as the ratification of the Convention on the Rights of the Child.

Programme cooperation, 1991-1993

164. The period 1991-1993 has been marked by considerable political, economic and social change, which has had a direct impact on UNICEF assisted programmes. Because of political activity for Zambia's first multi-party elections in November 1991, the Government delayed implementation of programmes for women and children. Since mid-1992, the pace of implementation improved. Health, nutrition, education and water supply policies and strategies are being improved, and the national programme of action has been completed and is currently before the Cabinet for its approval. Individual and community initiative and entrepreneurship is being strongly promoted. The Government is decentralizing its authority and resources, especially in health, to promote local-level responsibilities for economic and social development.

165. Priorities in health have been concentrated on UCI, CDD, MCH/safe motherhood, nutrition and support for decentralization. A highlight has been sustaining the effort to achieve UCI; the 1992 Demographic Health Services survey indicated coverage of 95 per cent for the anti-tuberculosis vaccine, 79 per cent for three doses of oral poliomyelitis vaccine and 77 per cent for the measles vaccine. The Government has yet to report these statistics to the United Nations. Measles morbidity has declined significantly. ORT use increased from 25 per cent in 1986 to 50 per cent in 1992. While capabilities to manage diarrhoea have improved, the prevalence of diarrhoea has increased nationwide, a reflection of increasing poverty, inadequate access to potable water and poor sanitation and hygiene practices. Cholera epidemics have become annual emergencies. The 1992 outbreak claimed 1,178 lives, with a case fatality rate of 7.4 per cent among 16,000 cases. As a result, cholera prevention and control activities have been stepped up.

166. Good progress has been achieved in promoting the overall and reproductive health of women in Lusaka through a pilot project, jointly developed by UNICEF and WHO, focusing on the prevention and treatment of syphilis among pregnant women. The project is being expanded to other urban areas. Prevention and control strategies have been broadened to address HIV/AIDS and other sexually transmitted diseases.

167. UNICEF has provided technical support to the National Food and Nutrition Commission to help develop a national nutrition policy, and has supported programmes which address iodine and vitamin A deficiencies. Priorities also include the promotion of breast-feeding and BFHI (10 hospitals are "baby friendly"), growth monitoring and promotion and nutrition education.

168. UNICEF has also provided strategic support to the Government's reform and decentralization of health services. The objective, based on the principles of the Bamako Initiative, is to provide universal access to an essential package of health services. The strategies emphasize quality of services, a focus on districts and community responsibility and financing. UNICEF has provided technical assistance on costing and financing; and helped to define an "essential package" of health services. UNICEF has also supported orientation

of district and provincial staff to the new health policy; training of district and provincial health teams in planning and management; the introduction of reform in selected districts; and, with WHO, cooperated to mobilize and coordinate donor support.

169. UNICEF assistance to education has grown rapidly, and involves promoting Education for All; improved service delivery based on a new primary education policy and primary education learning materials; introduction of AIDS and health education materials for primary schools; and developing indicators for learning achievements and improved monitoring of Education for All/national programme of action goals. UNICEF also continues to assist training and learning materials for a child-to-child initiative. More support for school-community linkages will be important in the decentralization of education.

170. Capacity-building activities in the education programme included training for 300 teachers in teaching methodologies, planning and health education; training for councils, community workers, teachers and students in research methodologies and planning; training for 4,000 provincial and district education officers in education policy and planning; and upgrading the planning and management skills of selected ministries.

171. In non-formal education, a study led to the development of activities for street children, e.g., training and provision of learning opportunities in three major urban centres, Lusaka, Kitwe and Livingstone. Activities for prevention and control of HIV/AIDS have included support to children in distress, AIDS orphans and street children. A children in especially difficult circumstances programme provides training to NGOs working with these children.

172. In planning and social statistics, a priority is to improve the database on the situation of women and children, and to promote the analysis and use of information to improve planning and policy-making. Major achievements include the publication of the Social Economic Bulletin, the Household Expenditure and Income Survey and the production of papers on social and economic policy in collaboration with the Institute of African Studies. A statistical profile on the Zambian child is currently being developed.

173. The community-based child survival and development project in Luapula Province has supported capacity-building at the district, subdistrict and community levels, with participatory planning and implementation. UNICEF assistance targets poor families, providing supplies and training for food production and leadership development, as well as assistance in community renovation of rural health centres, primary schools and water supply systems.

174. UNICEF assistance to the drought emergency of 1992 covered supplies, training, supervision and assistance in immunization, CDD, nutrition promotion and vitamin A supplementation. UNICEF also provided support to the Programme to Prevent Malnutrition, NGOs and community groups to expand delivery of drought relief and essential health care. Under the drought programme, UNICEF managed a $3.4 million relief programme for rural water supply rehabilitation and construction in five provinces; 2,000 water points were constructed or rehabilitated. The Community Management and Monitoring Unit was established within the Department of Water Affairs to develop strategies to increase the

involvement of communities in the management of community-based water supply and sanitation projects. UNICEF, in cooperation with the Food and Agriculture Organization of the United Nations, also supported the Central Statistics Office in the development of a drought-impact monitoring system, which is now being further refined into a national food security, nutrition and health monitoring system.

Lessons learned

175. There are strong constraints to economic and social progress as a result of prolonged economic decline, the costs and implications of the national debt and its servicing, heavy workloads which have overstretched the Government's capacity and the complexities of democratic and institutional reform. Thus, it is necessary for UNICEF cooperation to address both the immediate needs of children and to develop more effective strategies to address the underlying causes of low access to basic services and poverty. Priorities are to strengthen Government capacities to develop and operationalize policy, to plan and manage appropriate, affordable basic services and to mobilize and empower communities.

176. There is a need for greater focus on CSD goals and national programme of action priorities to guide government policy. More concerted donor support is also necessary, in order to operationalize the Government's health and education reforms through decentralization, and to implement strategies to achieve the mid- and end-decade goals. UNICEF advocacy should focus increasingly on the needs of the poor and promote more effective poverty alleviation strategies. Greater attention should be paid to the prevention and consequences of HIV/AIDS. More effective communications strategies would expedite desired behavioural changes. More analysis of the cost of services would help to formulate sustainable financing strategies, and help to persuade donors to support recurrent costs during the difficult work of reform. Advocacy should generate increased public concern for gender issues.

Recommended programme of cooperation, 1994-1996

177. The proposed short-duration programme will enable UNICEF to synchronize its programme cycle with those of UNDP and UNFPA. This will improve coordination and complementarity of United Nations support to the social sector. Studies on poverty, gender, social sector reform, HIV/AIDS, health service management and financing, will be completed in 1994. These studies will be critical to the next country programme exercise. The World Bank is developing a large social sector support programme, commencing 1995, in health, education, water supply and sanitation. This will influence the programming environment for UNICEF cooperation during the 1995-2000 period, and UNICEF will plan linkages with these initiatives.

178. For the proposed bridging programme, an additional general resources allocation of $3,400,000 is required. Complementing this, unfunded supplementary-funded programmes (for health, education, planning and community-based CSD) will be rephased to cover 1996 and a supplementary-funded water supply and sanitation project, totalling $3,000,000, is being submitted to the present session of the Executive Board for approval.

Recommended programme cooperation, 1994-1996

Estimated annual expenditure

(Thousands of United States dollars)

General resources	1994	1995	1996	Total
Primary health care	-	610	685	1 295
Basic education	-	370	415	785
Planning and social statistics	-	300	340	640
Community-based child survival and development	-	320	360	680
Subtotal		1 600	1 800	3 400
Supplementary funds				
Water supply and sanitation	1 190	1 005	805	3 000
Subtotal	1 190	1 005	805	3 000
Total	1 190	2 605	2 605	6 400

Programme strategy

179. The programme structure and strategy will remain essentially the same as that approved by the 1991 Executive Board (E/ICEF/1991/P/L.4). Adjustments made to the programme will be based on the mid-term review in 1994, and will focus on refining the current programme and the achievement of the mid-decade goals. The mid-term review will also focus on strengthening UNICEF programme strategies related to poverty alleviation, financing and cost-recovery of basic services, capacity-building for the decentralization process, community education, mobilization and empowerment, and linkages among strategies to prevent and deal with the consequences of HIV/AIDS.

180. The programme of cooperation will continue to support the national effort to reduce under-five and maternal morbidity and mortality. The achievement of specific mortality reduction targets may be influenced by increasing poverty, the consequences of which are being exacerbated by the impact of HIV/AIDS. Programme strategies will also focus on the underlying causes of high morbidity and malnutrition, and will seek to strengthen national capacities to deliver quality services and the coping abilities of families.

Programme objectives and goals

181. UNICEF will concentrate its support on achievement of the goals of the national programme of action. Overall objectives of programme cooperation are (a) to reduce child mortality and improve child health; (b) to reduce maternal mortality and improve women's health; (c) to develop effective methods to reduce poverty and malnutrition, with the participation of the poor; (d) to strengthen

decentralized district management of services and community-based management; and (e) to reduce illiteracy and to expand the access to basic education and learning opportunities for primary-school-age children, adolescents and women.

Primary health care and nutrition

182. The PHC programme incorporates the Bamako Initiative strategy and aims to reduce under-five and maternal morbidity and mortality through nationwide interventions, with integration of service delivery at district and health centre levels. Development of systems for community management and financing is a priority. A major strategy is to strengthen the delivery of PHC services, especially immunization and CDD, by improving outreach and case management. Achievement of UCI will help to reduce under-five mortality and morbidity. A priority will be the elimination of neonatal tetanus and the eradication of poliomyelitis. PHC service delivery will integrate staff training for PHC/UCI units; improve maintenance of the cold-chain system, other equipment and transport; and train managers for decentralization at district and health centre levels. Another priority will be to increase the capacity of national organizational systems to support PHC. The programme will support the development of government policies to improve response to the health needs of children and mothers and to mobilize resources.

183. The nutrition programme also aims to reduce child mortality and morbidity and promote child growth through prevention, early detection and treatment of growth faltering and malnutrition. A major decrease in child malnutrition is possible through an integrated PHC approach. Growth monitoring and promotion will be expanded by training health centre staff, traditional birth attendants and community health workers, and providing nutrition education, particularly at the community level. Vitamin A and iodine deficiencies will be addressed through the development of national strategies, for example, the iodization of salt.

184. The Government and UNICEF will collaborate with the German Agency for Technical Cooperation (GTZ) and NGOs to develop community education strategies on HIV/AIDS prevention, life skills training programmes and other activities to promote safer lifestyles among students, out of school youth, street children and sex workers. With WHO and a growing network of NGOs, church organizations and community groups, UNICEF will support home-based care activities for the chronically/terminally ill; seek community-based solutions to care for the increasing number of AIDS orphans and distressed families; and support HIV/AIDS counselling services.

Education for All

185. The national programme of action goals for education by the year 2000 are (a) universal access to primary education; (b) reduction of adult illiteracy from 25 per cent in 1990 to 12 per cent, with female illiteracy no higher than for males; and (c) development of community-based early childhood care, education and development. Within this framework, the programme objectives are (a) to increase the rate of completion of primary education by 1996 to 95 per cent of grade one intake in 1992; (b) to have all 10-year-olds achieve or surpass competencies for grade 4 by 1996; (c) to reduce adult illiteracy from

25 per cent in 1990 to 20 per cent in 1996; and (d) to reduce female illiteracy from 33 per cent in 1990 to 22 per cent in 1996.

186. The programme will provide support for (a) a learning achievement component for formal primary education, which would enhance institutional capacity through development of more relevant learning materials and more appropriate assessment techniques; (b) training of provincial and district staff and headmasters in planning and management of Education for All initiatives, and in-service training of teachers in teaching methodologies and health education; and (c) development of innovative, cost-effective measures such as the child-to-child approach, multi-grade teachers, flexible scheduling and stronger school-community linkages. These complementary, innovative approaches will be applied extensively in non-formal education for those children and youth who are not likely to be reached in the near future through the formal system. Intersectoral linkages and closer involvement with the churches and NGOs involved in non-formal education will be pursued.

Water supply and sanitation

187. One of the goals of the national programme of action is to provide access to clean water supplies and sanitary means of excreta disposal for 50 per cent of rural and 100 per cent of urban households by the year 2000. UNICEF support will assist in increasing access to potable water supplies through family and community education, thus building community capacity to manage, maintain and operate water supply systems and improve hygiene and sanitation.

188. A second strategy to achieve these objectives is to improve government capacity through more appropriate policy and operational guidelines and planning, management and evaluation of water supply, sanitation and hygiene interventions at national, provincial and district levels. District capacity-building to support communities would include, for example, promotion of water supply, sanitation and health education materials, including Facts for Life.

Planning and social statistics

189. The project will strengthen national, district and community capacities for the analysis of social issues, including systems for monitoring social indicators at all these levels. A priority will be monitoring progress towards the national programme of action goals and strategies for children will be a priority. Initial focus will be on timely reporting on progress towards the mid-decade goals.

Community-based child survival and development

190. The programme will improve the socio-economic situation of women and the well-being of children by empowering families and communities to care for and promote the healthy development of children. Activities will include income generation and food security; increasing access to and use of health services; promoting effective nutrition strategies; widening the coverage of primary education, with a strong emphasis on keeping girls in school; improving access to safe water supplies and appropriate sanitation; and introducing appropriate labour-saving technologies.

191. The programme will develop effective and replicable strategies for sustainable, community-based development and district planning and management processes to improve delivery of basic services. The target groups are low-income urban and rural households, particularly those headed by women. Partners will be principally district administration and community groups. The district administration will be encouraged to work with community-based organizations, and to adjust service systems so as to better respond to community-felt needs and initiatives in selected districts in Luapula Province. Subsequently, coverage will expand to other urban and rural areas. The district planning approach will support the national decentralization process to improve delivery of social services.

Cooperation with other organizations

192. Cooperation among donors has been very strong, as well as very supportive of the Government's reform programme. UNICEF has facilitated donor coordination in the health sector; the Norwegian Agency for International Development and GTZ have provided leadership in the water supply sector, and the Finnish International Development Agency and the Overseas Development Administration of the United Kingdom of Great Britain and Northern Ireland in education. World Bank missions have also provided important opportunities for coordination. UNICEF has held consultations with WFP and UNDP on the future of the Programme Against Malnutrition. UNICEF and WHO are supporting health reforms, and, also with UNDP, the development of the HIV/AIDS programme. Cooperation with UNHCR enabled the provision of emergency water supplies for Angolan refugees. The programming cycles of UNDP and UNICEF will be synchronized in 1997, and preparation of the country strategy note with the Government is under way.